

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Caroline Bush

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Age	88	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband		Germany		
Father's Name	Sam. Kishner	Father's Birthplace		Germany		
Mother's Maiden Name	Unknown	Mother's Birthplace		Germany		
Name of person giving information	W. F. Bush	How related to deceased		Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

91

How long

3 weeks

Immediate

Bronchitis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

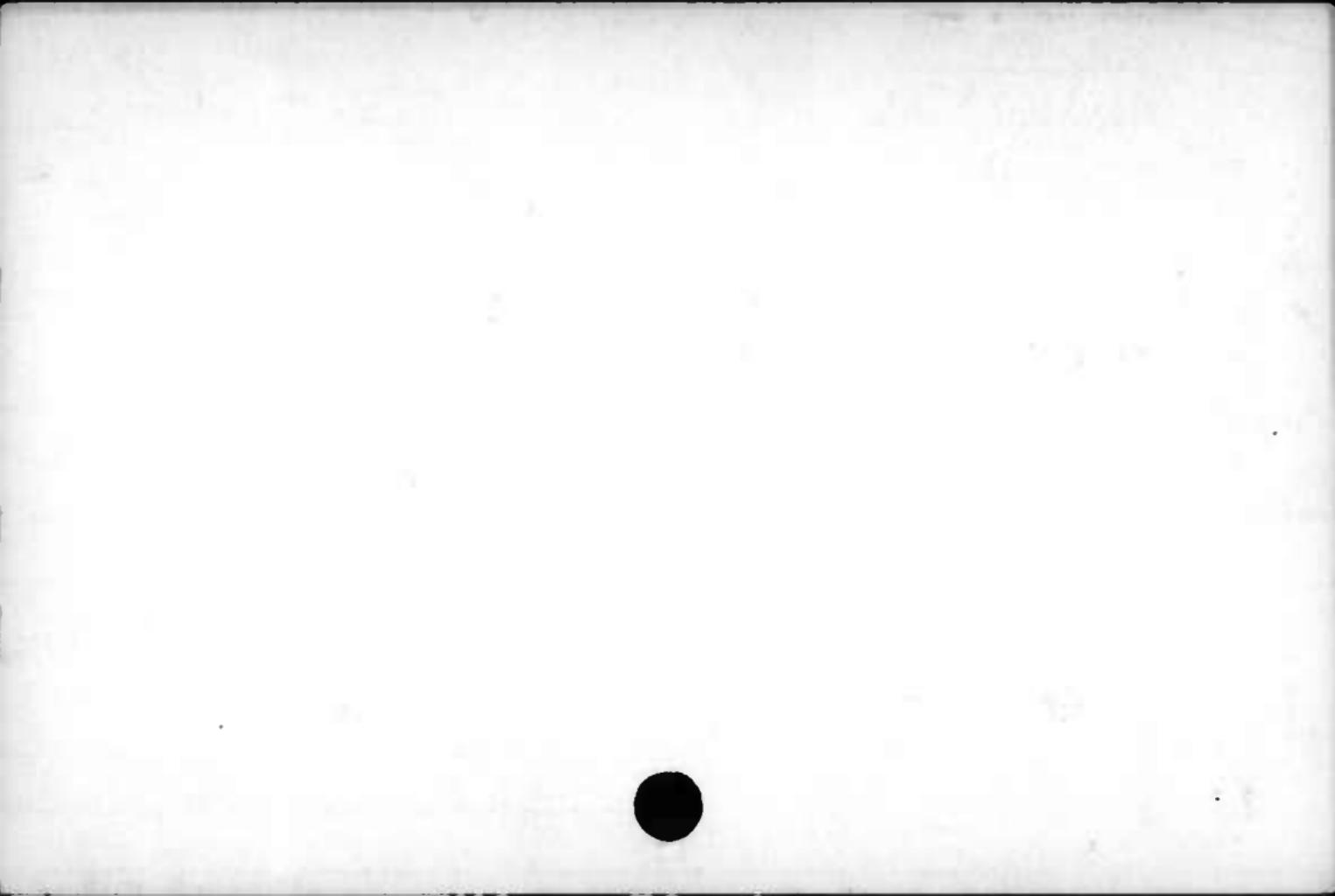
Signature of Physician

Address

Geo. T. Drury
Chincoteague



Accident or Suicide?



Name
in
Full

Catherine
Salisbury Blackburn

CERTIFICATE OF DEATH

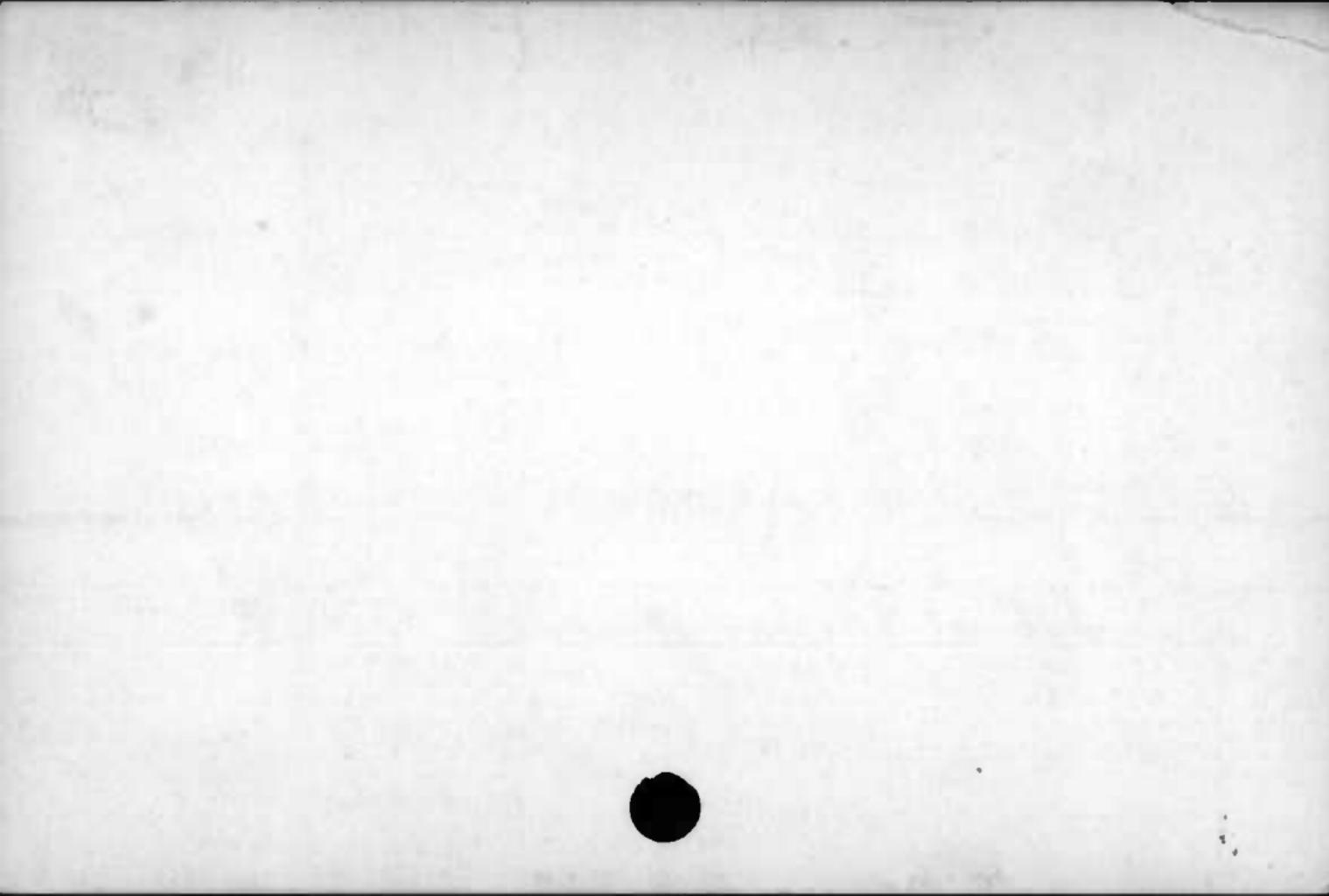
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Annapolis	Anne Arundel		Anne Arundel	
Date of death	1907	Month Feb.	Day 9 th	Years 74.	Mo. 1	Days 1
Sex	Female	Color or Race	White	Birthplace	Annapolis	
Occupation	House Keeper					Where Residing if not at place of death
Married, Single or Widowed	Widow	Name of Wife or Husband	F.S. Blackburn			
Father's Name	Richard Wells -					Father's Birthplace Baltimore
Mother's Maiden Name	Hohns.					Mother's Birthplace Annapolis
Name of person giving Information	Wm E. Blackburn					How related to deceased Son

PHYSICIAN
OR CORONER



CAUSES OF DEATH			
Primary	Sa Greffe Exhausion (10)		
Immediate	Exhausion (10)		
Are the name, age, sex, color, date and place correctly given above?		Geo. Wells	
Yes		Address	
Signature of Physician		Annapolis	
Address		Maryland	
Accident or Suicide?		No	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>J. Edward Bollman</i>			CERTIFICATE OF DEATH			
Died at	Town	County			MARYLAND	
Date of death	1907 Feb	Month	Day	4 th	Years	31
Age	31	Months	7	Days		
Sex	Male	Color or Race	White	Birth-place	Ann Arbor	
Occupation	Carpenter	Where Residing if not at place of death			167 Prince George St	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Martha Bollman			
Father's Name	Wm. A. Bollman	Father's Birthplace	Baltimore			
Mother's Maiden Name	L. C. Johnson	Mother's Birthplace	Ann Arbor			
Name of person giving information	L. C. Bollman	How related to deceased	Mother			

CAUSES OF DEATH

Primary

Sobas Purumovic

How long

4 days

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

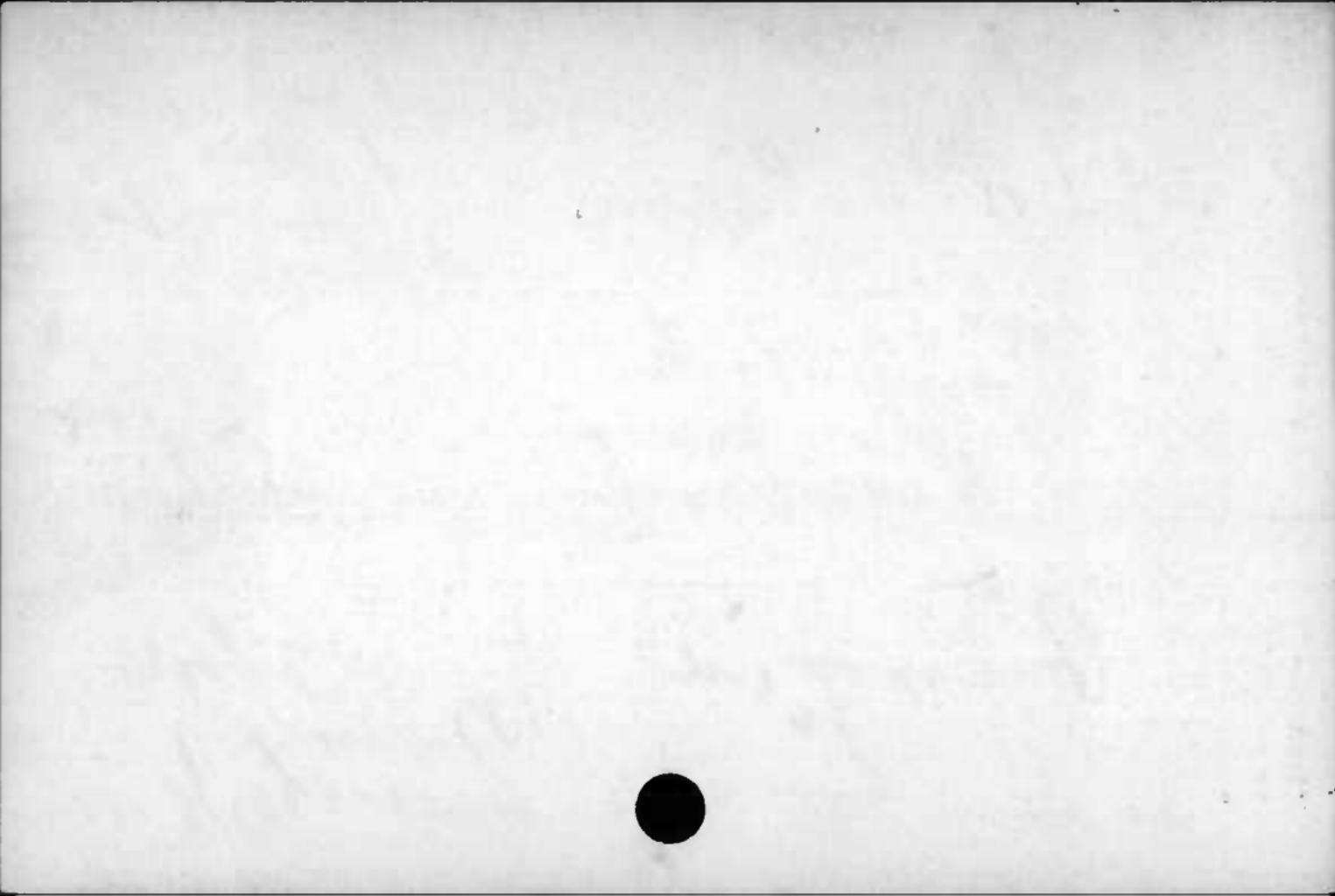
Address

Oliver Purvis,
Ann Arbor,
Mich

PHYSICIAN
OR CORONER

Accident or Suicide?

no.



Mary Brooks

CERTIFICATE OF DEATH

Died at	her fauind	Town	Ann Arundel Co	County	MARYLAND	
Date of death	190	Month	Feb	Day	20	Years
Sex	Female	Color or Race	Black	Age	1 mo.	
Occupation				Where Residing if not at place of death	at place of death	
Married, Single or Widowed	Single			Name of Wife or Husband		
Father's Name	Luray Brooks			Father's Birthplace	Md	
Mother's Maiden Name	Mapha Hugson			Mother's Birthplace	Md	
Name of person giving information	Thomas Brooks			How related to deceased	Father	

CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

Immediate

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Purdy
Summerville

Accident or Suicide?

intervnit near laurel
Fisher & Phair

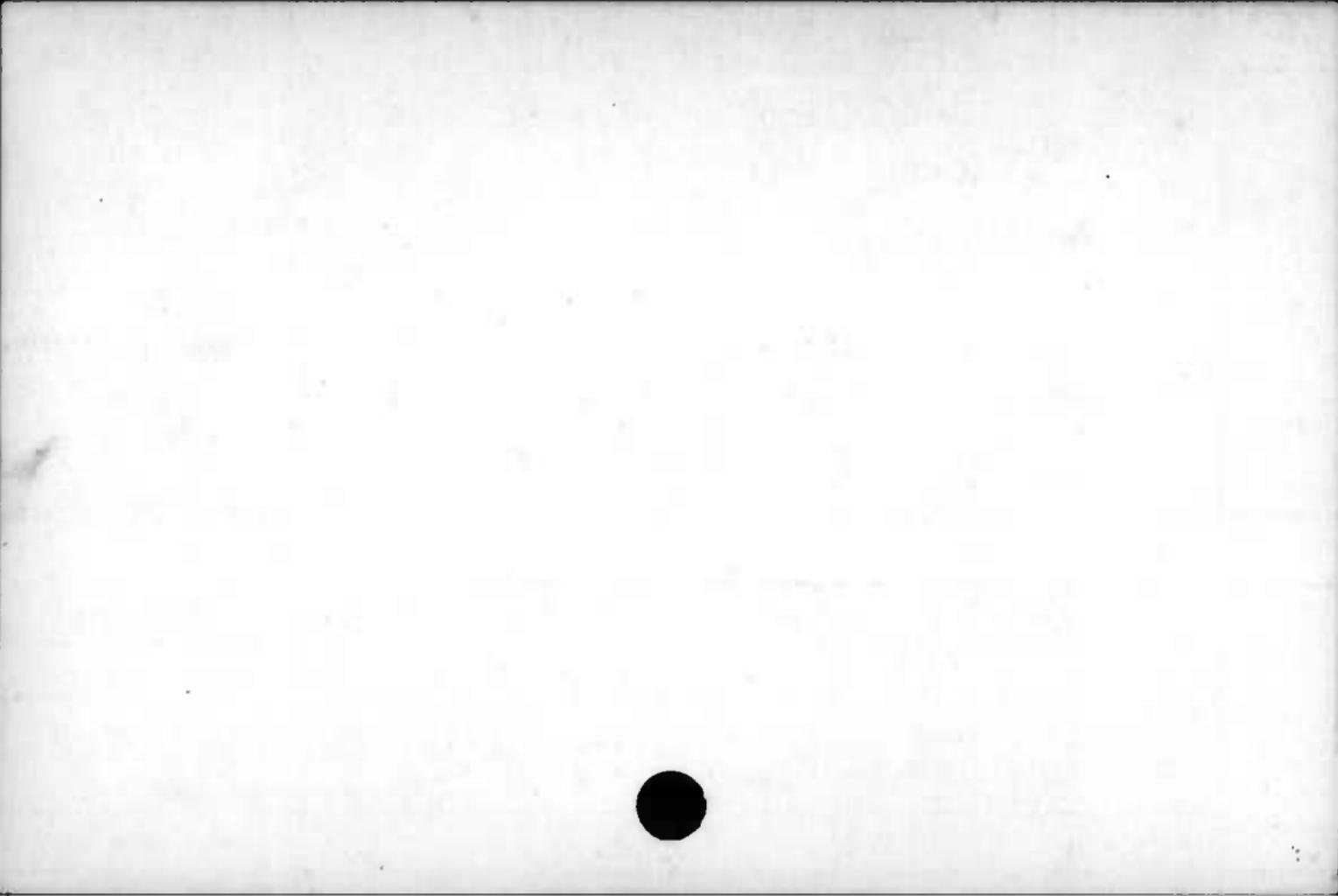
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

William Frederick Bryan				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	1907	Month Feb	Day 13	Years —	Months 2	Days
Sex	male	Color or Race	Colored	Birth-place	Annapolis md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	single	Name of Wife or Husband	—			
Father's Name	Frederick Bryan			Father's Birthplace		
Mother's Maiden Name	Maggie Phelps			Mother's Birthplace	Annapolis md	
Name of person giving Information	Maggie Phelps			How related to deceased	mother	

CAUSES OF DEATH

Primary	Congenital Lungs Exhaustion		How long since Birth
Immediate			How long Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout, M.D.
Yes		Address	Annapolis Md
Accident or Suicide?			



ame
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Accident or Suicide?

Mary Burgess

CERTIFICATE OF DEATH

Died at		Town	County	ARYLAND		
Date of death	1907	Month	Day	Age	Years	Months
Sex	Female	Color or Race	17	21		Days
Occupation	Domestic	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	9 Jefferson Place			
Father's Name	Richard	Joseph Burgess				
Mother's Maiden Name	Marionina & Spencer	A.A.C. Co.				
Name of person giving Information	Mary Garnett	How related to deceased				

CAUSES OF DEATH

Primary

Primary Convulsion

How long

5 days

Immediate

Complete exhaustion

How long

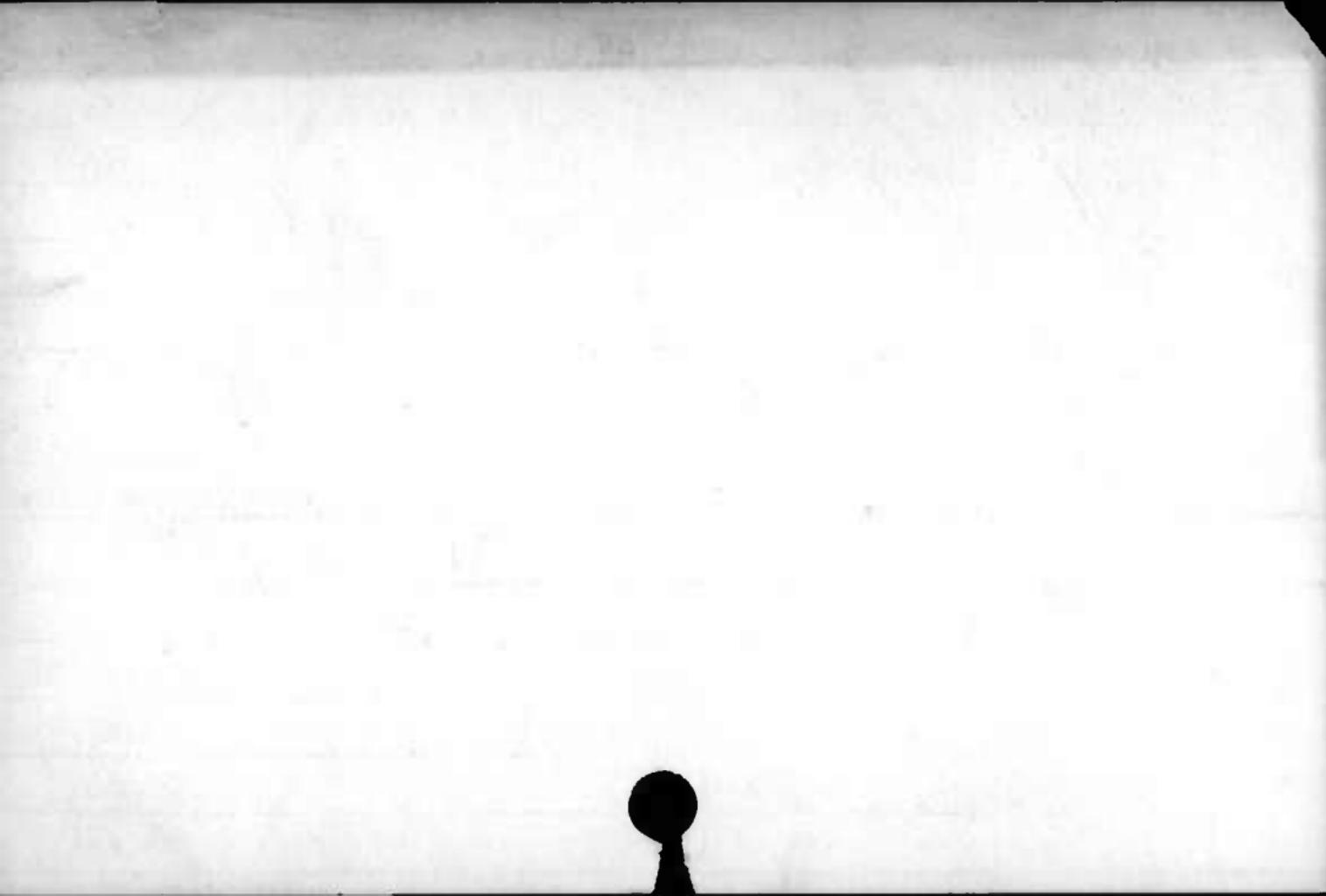
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R. P. Dickey
60 Cathedral St
Annapolis Md



Name
in
Full

Mary Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	At	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Color	Birth- place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	James Butler			Sprogel Alley	
Father's Name	David Lee			West Kin		
Mother's Maiden Name	Delvina Bowie			West Kin		
Name of person giving Information	Daughter			daughter		

CAUSES OF DEATH

Primary

Tuberculosis

How long

Three months

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

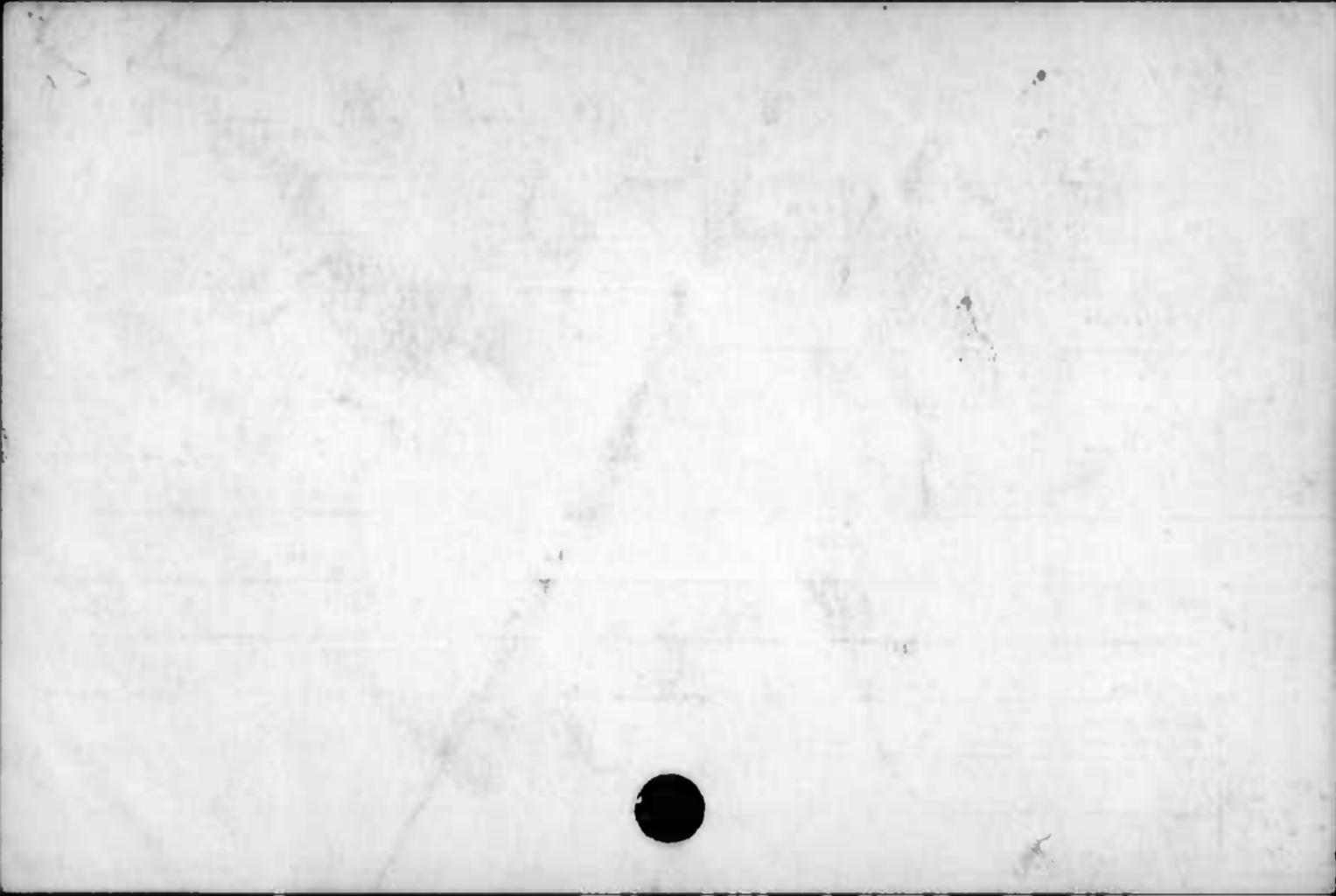
John Ridont

Annapolis
Md

1

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary E. Cantler

CERTIFICATE OF DEATH

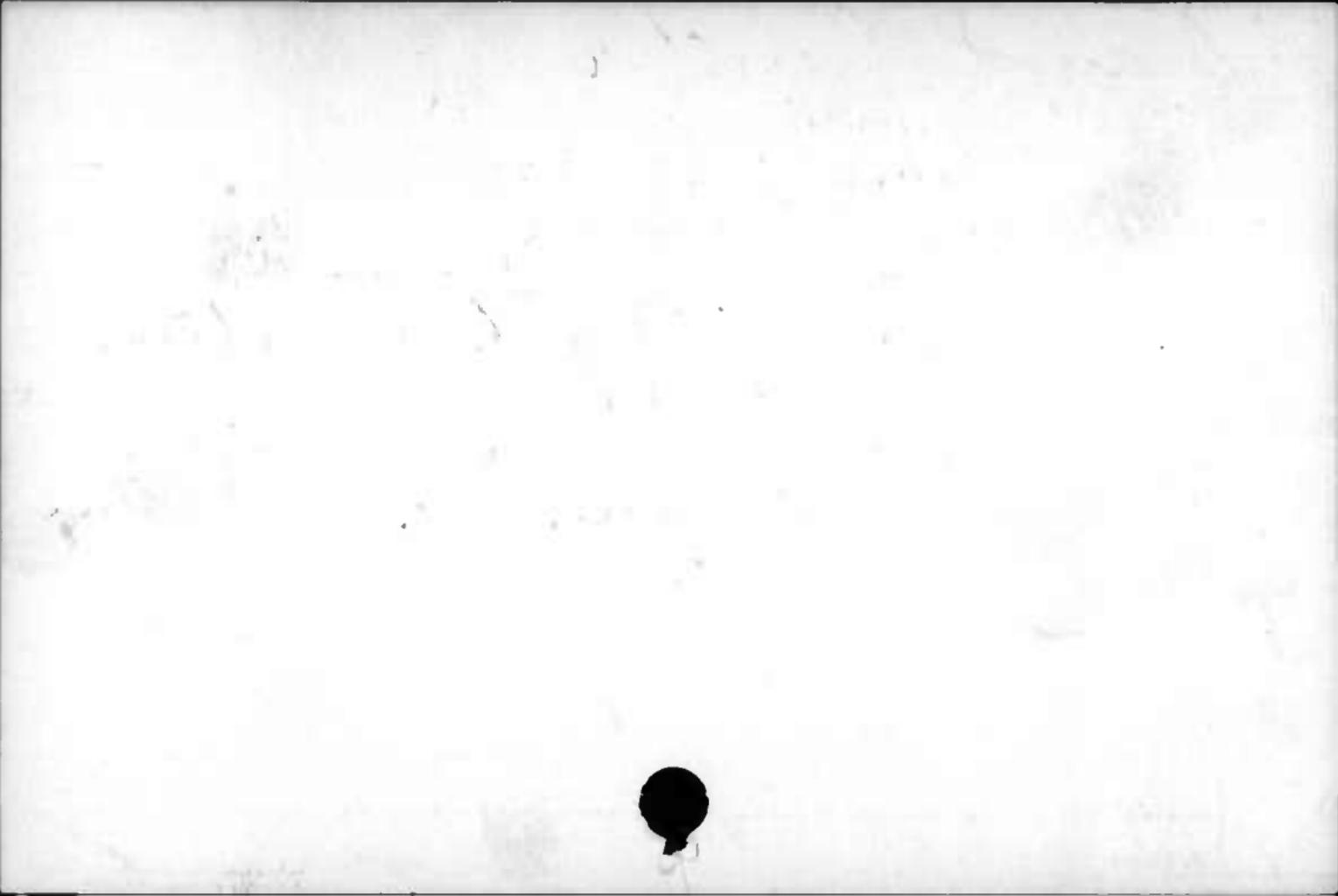
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

I

Town	County	MARYLAND	
Died at Annapolis	A a	Months	Days
Date of death 1907	Mar 3	Age 25	—
Sex Female	Color or Race White	Birth-place Annapolis	
Occupation None	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Frank. Cantler	Father's Birthplace An Co. Md	
Father's Name Richard Jones		Mother's Birthplace An Co. Md	
Mother's Maiden Name Mary D. Holland		How related to deceased Mother	
Name of person giving information Mary E. Jones			

CAUSES OF DEATH

Primary Lobar Pneumonia	How long 1 month
Immediate Cardiac Exhaustion	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. J. Welch
	Address Annapolis
Accident or Suicide? No	



Name
in
Full

Still born Chambers

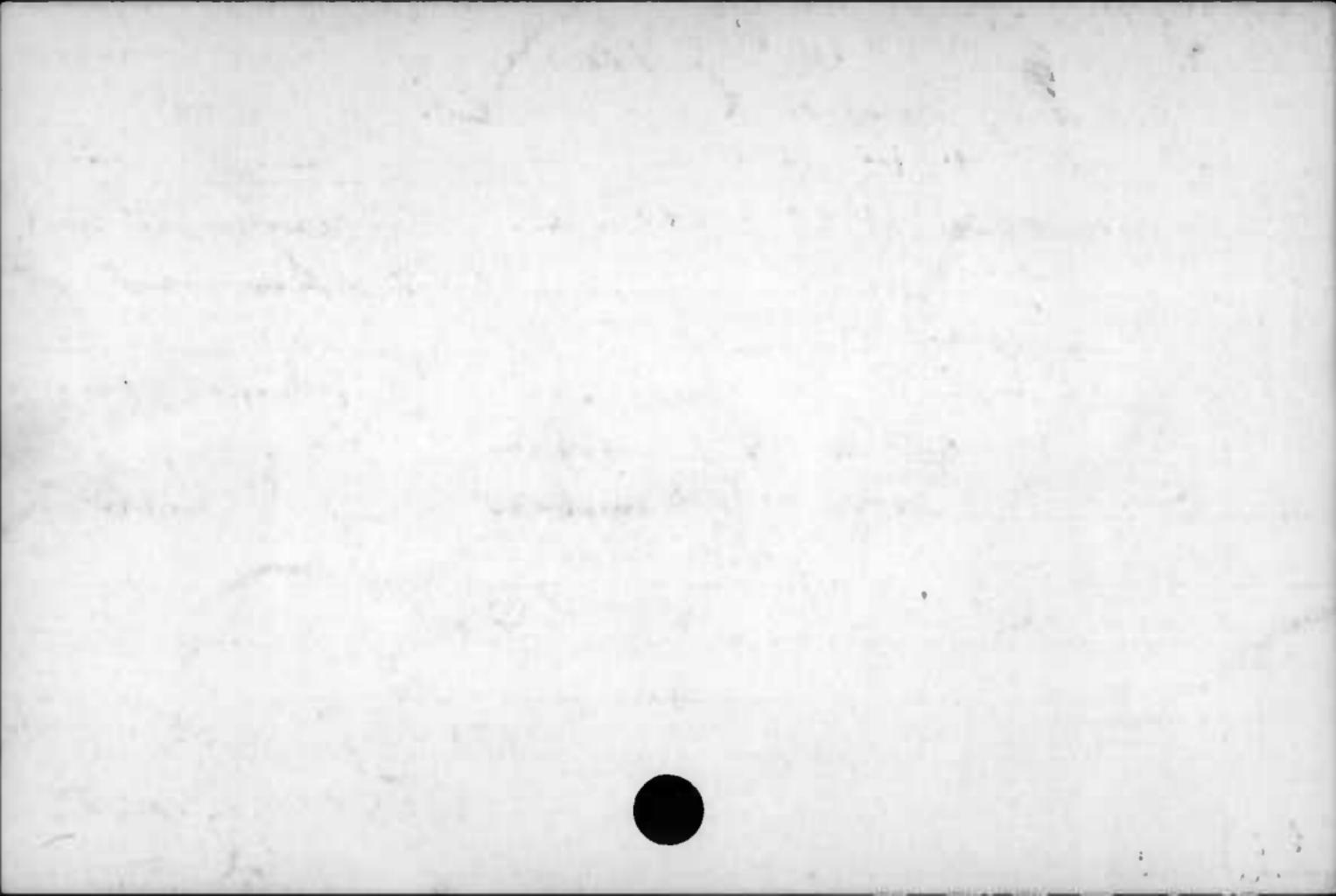
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	annapolis md	a.a. Co.			
Date of death	1907	Month Feb	Day 13	Age -	Years -
Sex	male	Color or Race	colored	Birth-place	annapolis md
Occupation	—		Where Residing if not at place of death	179 Chestnut st	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Isaac Brown		Father's Birthplace	annapolis md	
Mother's Maiden Name	Henetta Chambers		Mother's Birthplace	annapolis md	
Name of person giving information	Jannie Chambers		How related to deceased	Grandmother	

PHYSICIAN
OR CORONER

CAUSES OF DEATH		
Primary	Stillborn	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Yes	John Ridout M.D. Annapolis Md	
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

Sarah J. Chambers

CERTIFICATE OF DEATH

Died at Annapolis Md A. a. co

MARYLAND

Date of death 1907 Month Feb Day 8th Age Years Months 3-28 Days

Sex female

Color or Race

Colored

Birth-place

Annapolis Md

Occupation

Where Residing if not
at place of death

119 Chestnut St

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Sarah Chambers

Father's
Birthplace

a. a. co

Mother's
Maiden Name

Virginia Kent

Mother's
Birthplace

" "

Name of person giving
Information

Virginia Chambers

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Infantile convulsions

How long

A few hrs

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

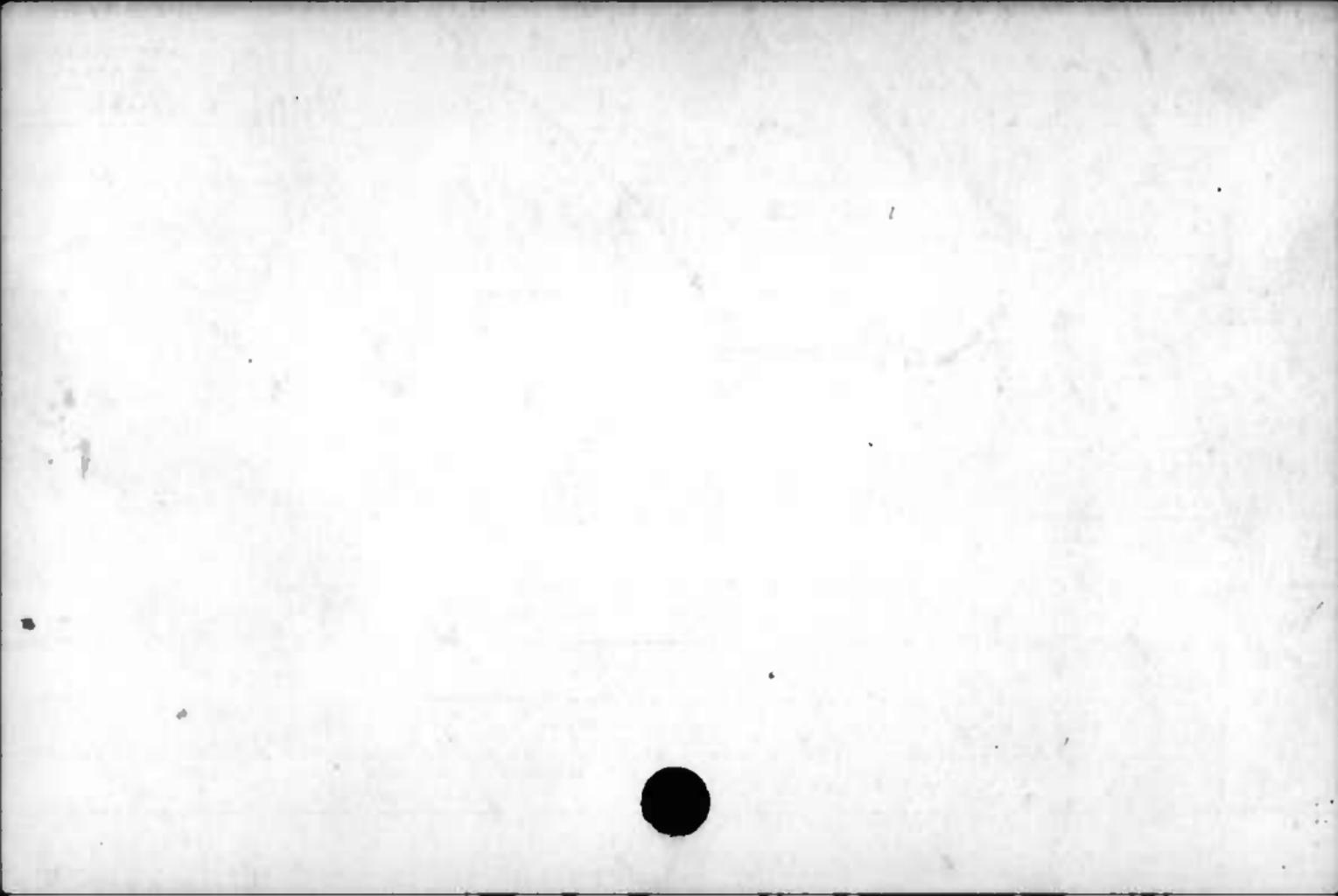
Signature of
Physician

Address

John Ridout M.D.
Annapolis
MdPHYSICIAN
OR CORONER

1

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month Feb.	Day 20	Years 66	Months	Days
Sex	Female	Color or Race	White		Birth-place	A. A. Co. Md
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Divorced	Name of Wife or Husband	Helen Chaney		Father's Birthplace	
Father's Name					Mother's Birthplace	
Mother's Maiden Name					Now related to deceased	Son
Name of person giving Information	Daniel Chaney					

CAUSES OF DEATH

Primary

Myocarditis

18

How long

Years.

Immediate

Cardiac Asthenia

How long

one hour.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

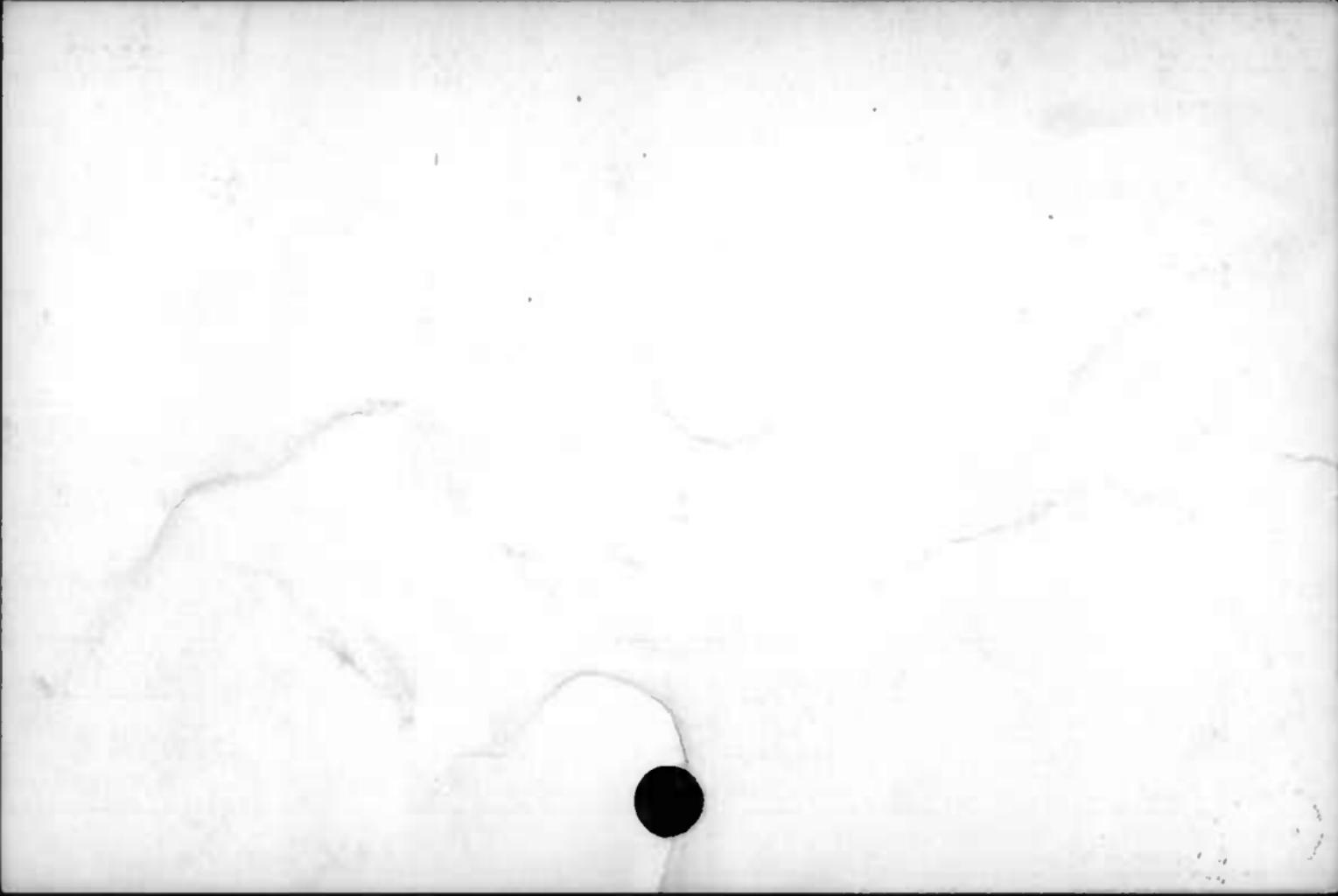
Address

Louis B. Henkel Jr.
Accompolis,
Md.

1
PHYSICIAN
OR CORONER

Accident or Suicide?

murder



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Eugene Day

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month Feb	Day 28	Years 1	Months	Days 14
Sex	Female		Color or Race	Caucasian		Birthplace
Occupation			Where Residing if not at place of death	183 Chesapeake		
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	Eugene Day		Father's Birthplace	Act. 60		
Mother's Maiden Name	Lelia Griffen		Mother's Birthplace	Annapolis		
Name of person giving Information	Ella Griffen		How related to deceased	Mother		

CAUSES OF DEATH

Primary

Pseudo-Leukemia

53

How long

3 Months

Immediate

Exhaustion

How long

24 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R. P. Keece
60 Cathedral St
Annapolis, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Laura Dorsey
Town County
Annapolis Anne Arundel MARYLAND
Died at Date of death 1907 Month Day Years Months Days
Sex Female Color or Race Colored Birth-place a a Co.
Occupation Domestic Where Residing if not at place of death 150 South St.
Married, Single or Widowed Married Name of Wife or Husband Abraham Dorsey
Father's Name William Hilery Father's Birthplace a a Co.
Mother's Maiden Name Margaret Mother's Birthplace a a Co.
Name of person giving information Alice Hasey How related to deceased Daughter

CERTIFICATE OF DEATH

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Bronchitis & ordinary hypertrophy
How long 6 weeks

Immediate also Father's One hour
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. P. Keeley
60 Cathedral St.
Annapolis, Md.

Accident or Suicide?

i



Name
in
Full

John J. Fagan

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Do. Balto.</u>		At <u>a.</u>		County <u>maryland</u>	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>7</u>	Age <u>~</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>whitt</u>	Birth-place <u>Ireland</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, <u>Widowed</u>	Name of Wife or <u>Christiana Fagan</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Christiana Fagan</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis 1 One year

Immediate

Exhaustion & Heart Failure 1 Immediate

PHYSICIAN
OR CORONER

1

Are the name, age, sex, color, date and place correctly given above?

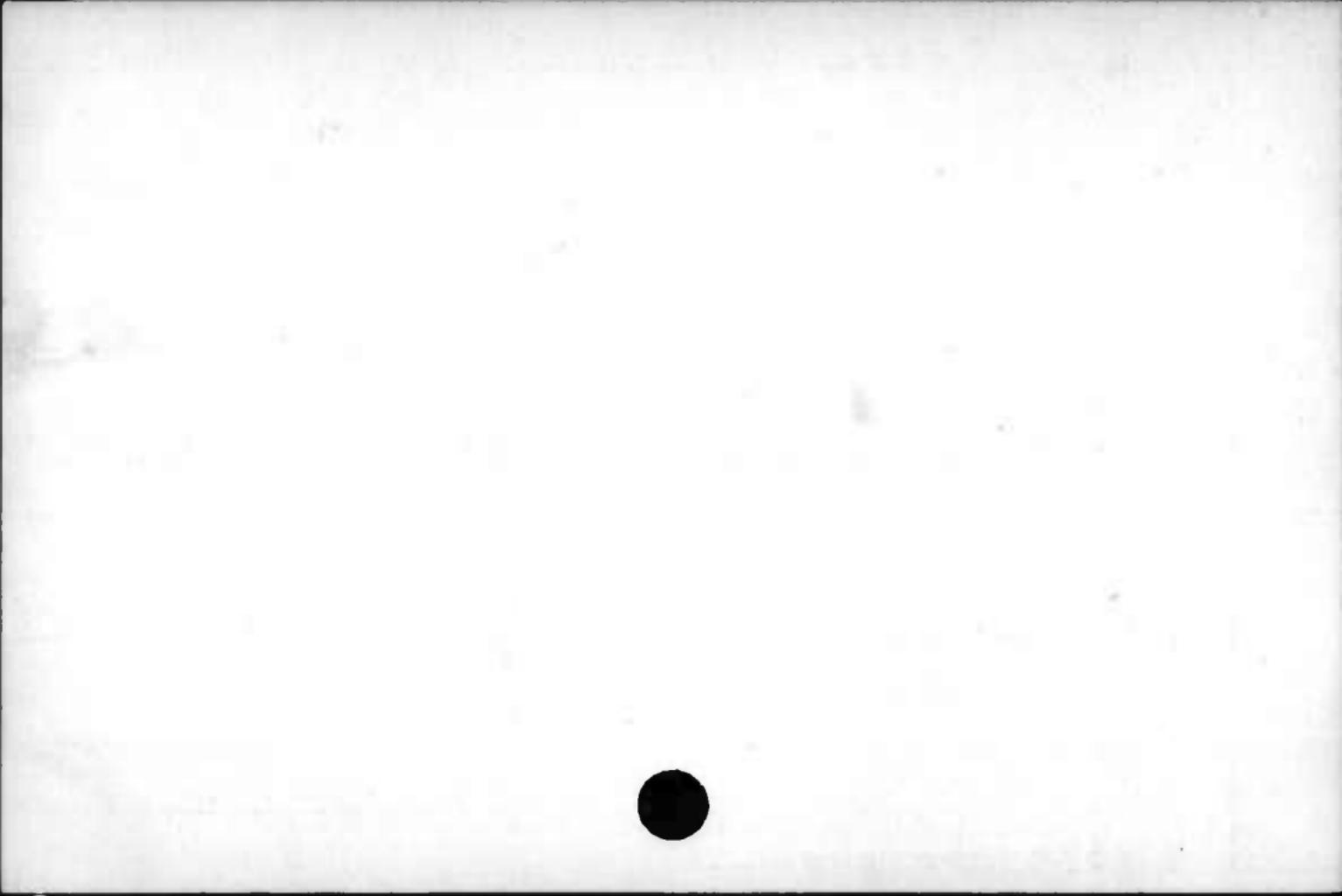
yes

Signature of Physician

Dr. B. G. Fagan M.D.
Do. Balto. Md.

Address

Accident



Name
in
Full

Chas Footh

CERTIFICATE OF DEATH

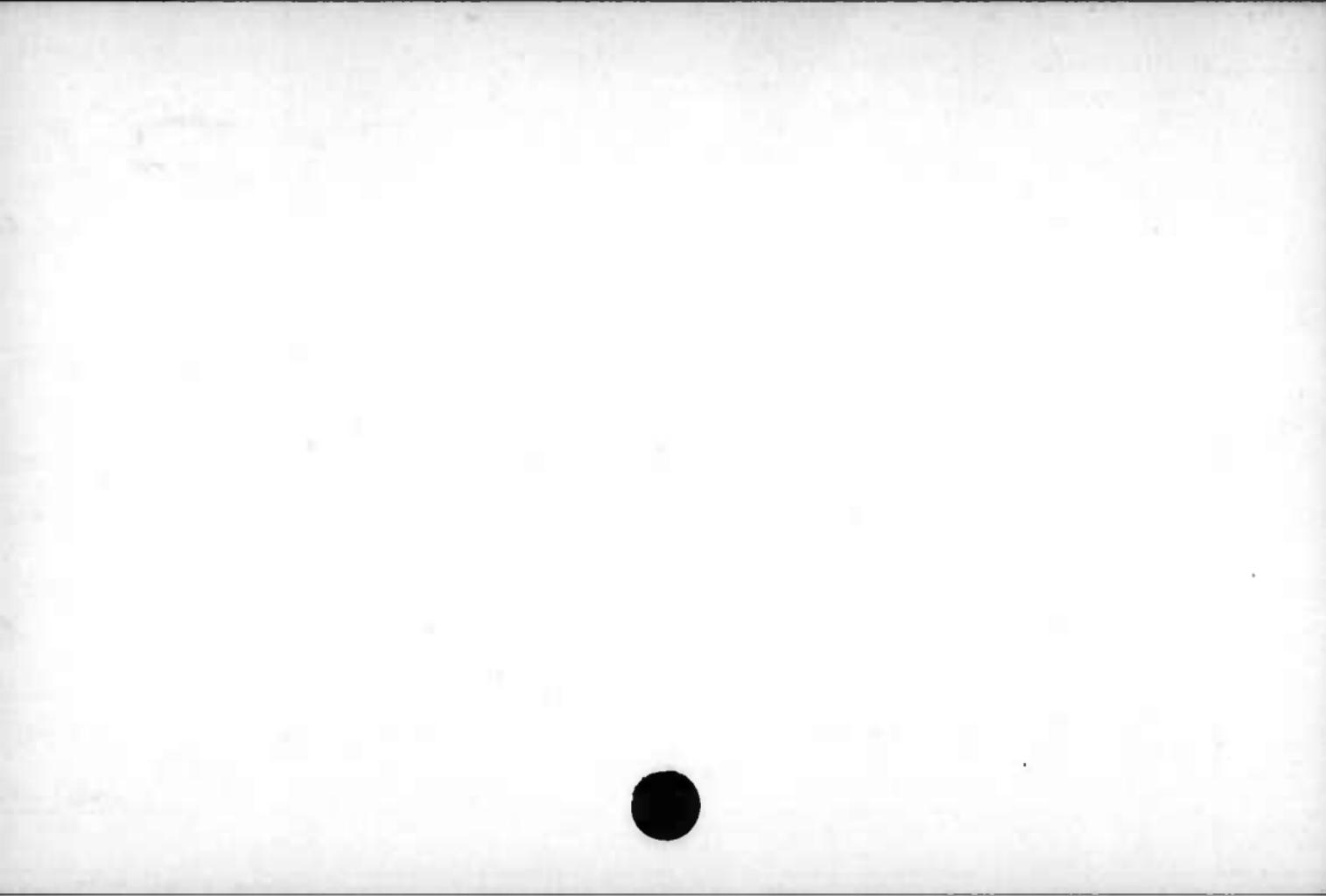
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Churchton</u> Town		<u>A</u> County		MARYLAND		
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>20</u>	Age <u>66</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Md</u>		Where Residing if not at place of death		
Occupation <u>Farmer</u>			Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Harriet Liston</u>	Father's Birthplace <u>Md</u>			Mother's Birthplace <u>Md</u>	
Father's Name <u>Robert Footh</u>	Father's Birthplace <u>Md</u>			Mother's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Rebecca Taylor</u>	How related to deceased <u>Son</u>			How related to deceased <u>Son</u>		
Name of person giving information <u>Chas Footh</u>	<u>19</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER
I

Primary <u>Valvular disease of heart</u>	How long <u>Not known</u>
Immediate <u>Congestion of lungs</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. T. Smith</u>
	Address <u>Churchton</u>
Accident or Suicide? <u>-</u>	



Still Born, female, Frazer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born Died	Town Annapolis	County Anne Arundel	MARYLAND		
Date of death 1907	Month Feb	Day 9th	Years 0	Months 0	Days 0
Sex female	Color or Race white	Birth-place Annapolis			
Occupation 	Where Residing if not at place of death 				
Married, Single or Widowed 	Name of Wife or Husband 				
Father's Name Sam'l. R. Frazer	Father's Birthplace Annapolis				
Mother's Maiden Name Maggie R. Wiggins	Mother's Birthplace Annapolis				
Name of person giving Information Sam'l. R. Frazer	How related to deceased Father				
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary

Still Born

How long

Immediate

How long
 Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician
W. Clement Clowes MDAddress
9 St. John St

Annapolis, Md

Accident or Suicide?

Name
in
Full

Henry William Jerome Gebhardt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Annapolis	aaco.		
Date of death	1907	Month Feb	Day 10	Years 4
Age	3	Months	Days	
Sex	Male	Color or Race	white	Birth-place Annapolis
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Ger Gebhardt			
Mother's Maiden Name	Anya Gebhardt			
Name of person giving Information	Geo Gebhardt			

CAUSES OF DEATH

PHYSICIAN
or CORONER

Primary

Pneumonia

How long

3 wks.

Immediate

Bright's Disease

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

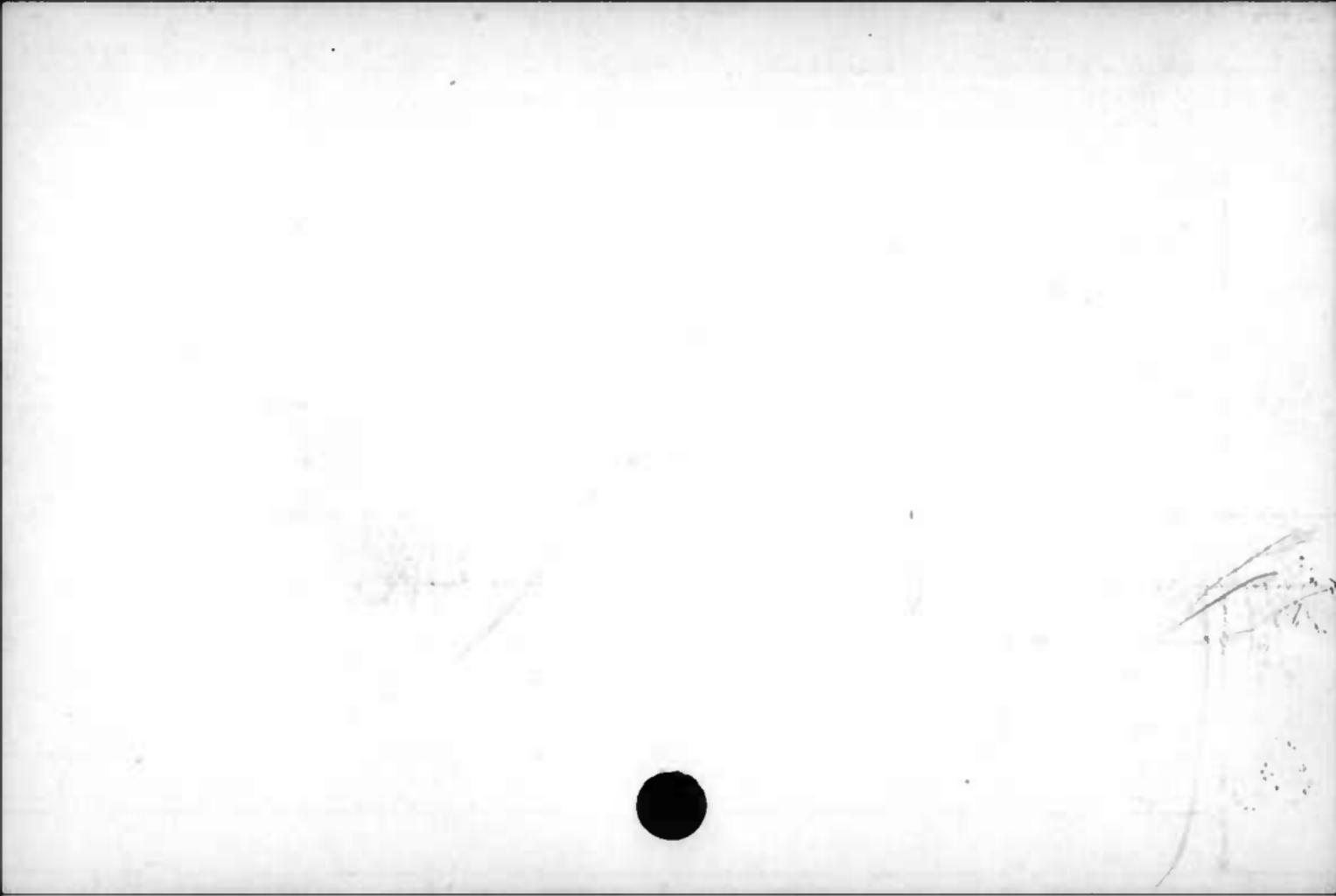
Signature of Physician

Address

J J Murphy
Annapolis Md

(1)

Accident or Suicide?



Name
in
Full

Edna Mary Hesse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	2	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	August Hesse.				
Mother's Maiden Name	May Louis				
Name of person giving information	August Hesse				
Father's Birthplace					
Mother's Birthplace					
How related to deceased					

~~Germany~~
~~Annapolis~~
~~Father~~

CAUSES OF DEATH

PHYSICIAN
OR CRIMINAL

Primary

Broncho-Pneumonia

How long

10 days.

Immediate

Asphyxia

How long

10 minutes.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

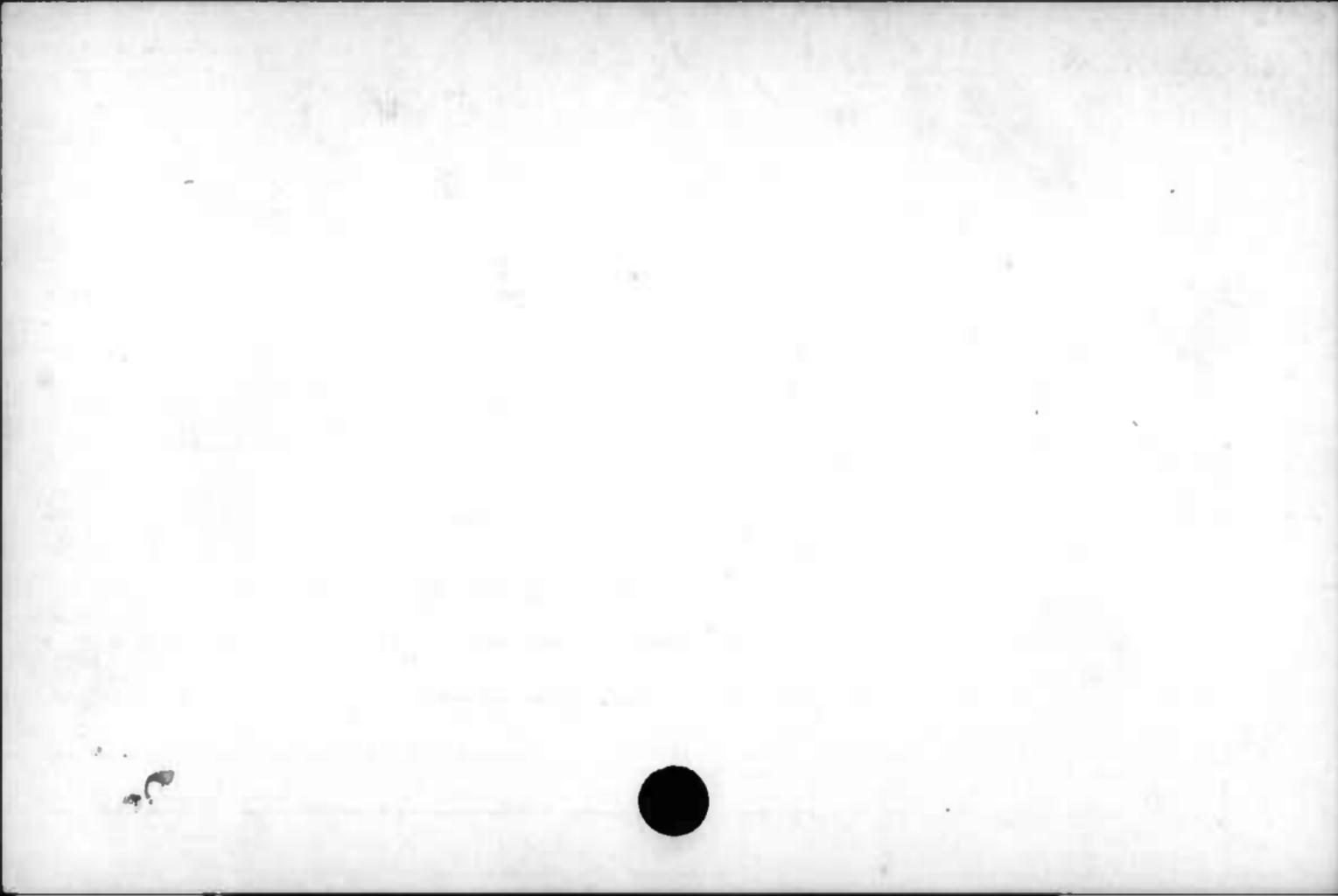
Address

Louis B. Heukel

Annapolis,
Md.

Accident or Suicide?

Neither



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Henry O. Hohman

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	190	Month Feb.	Day 15	Years 8	Months 8	Days
Sex	Male	Color or Race	Age 68	Where Residing if not at place of death	Birth-place	Baltimore Md
Occupation						
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Henry Hohman			Father's Birthplace	Baltimore	
Mother's Maiden Name	Agatha Seymour			Mother's Birthplace	Baltimore	
Name of person giving Information	Walter S. Peterson			How related to deceased	Son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Residential Drowning Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

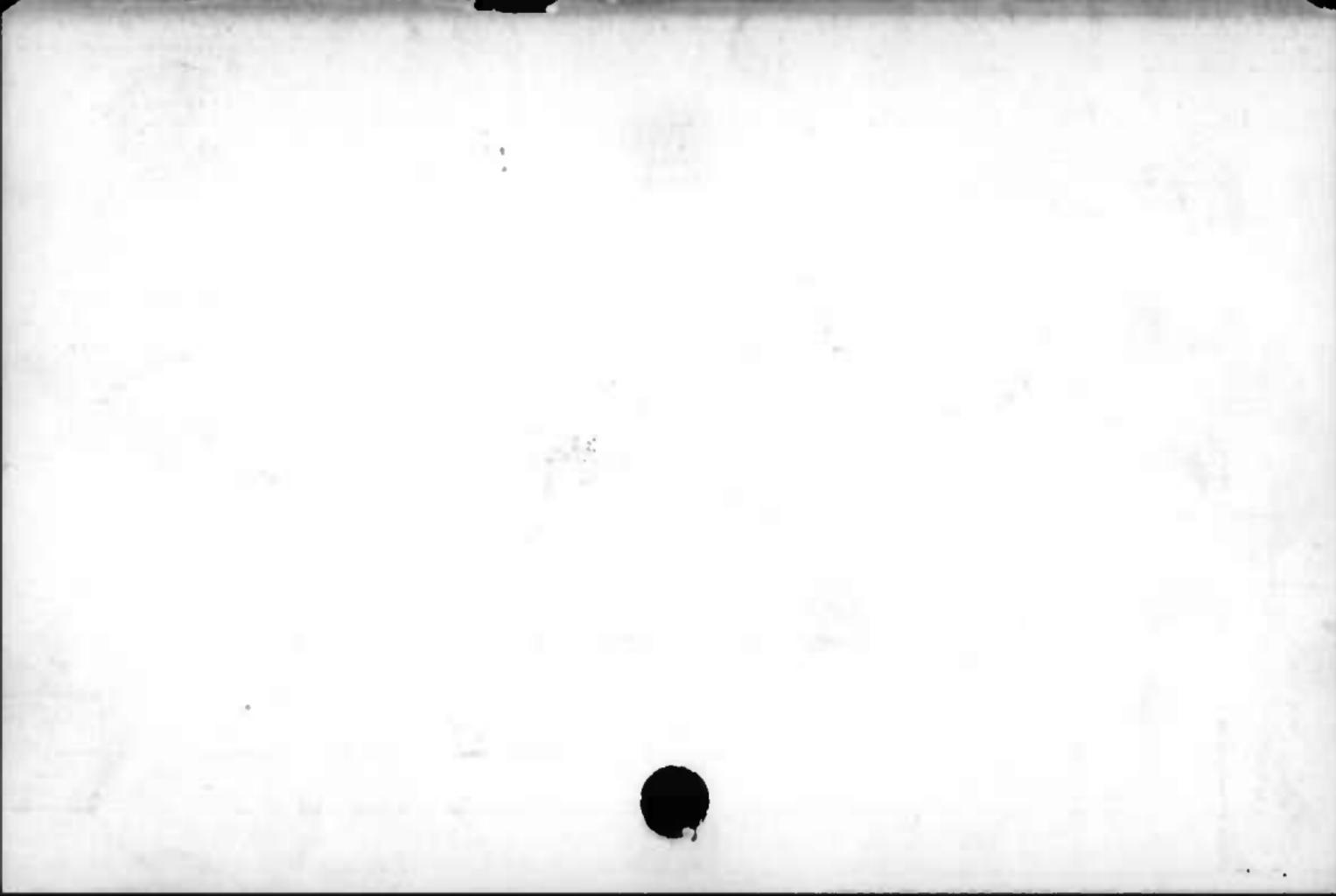
Address

John O. Lee

Baltimore Md.

acting coroner

Accident or Suicide?



Name
in
Full

Parchena Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Died at <u>Salley's</u>		Town	County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>1</u>	Years <u>67</u>	Age <u>67</u>	Months <u>1</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>aa co md</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Benjamin Howard</u>	Father's Birthplace <u>aa co md</u>				
Father's Name <u>Nathaniel Owners</u>	Mother's Birthplace <u>—</u>					
Mother's Maiden Name <u>— don't know</u>	How related to deceased <u>son</u>					
Name of person giving information <u>Charles B Howard</u>						

CAUSES OF DEATH

Primary

Paralysis

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

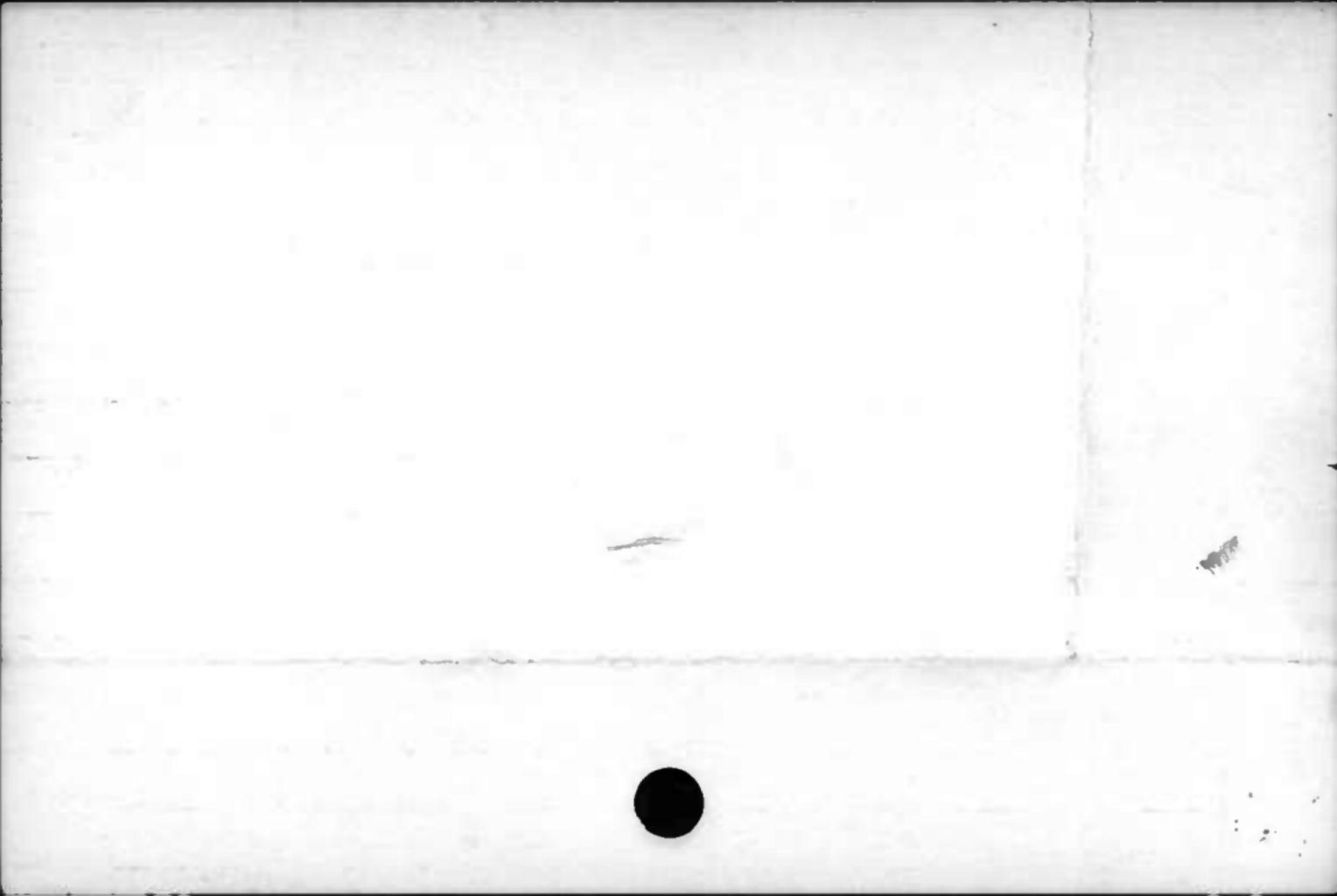
not reported by

Address

Chas B Howard

Accident or Suicide?

Marley. aa co md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Solomon Hunt

CERTIFICATE OF DEATH

MARYLAND

Died at	3 W. First a a. c.			County		
Date of death 1907	Month Feb	Day 6	Age 37	Years	Months	Days
Sex Male	Color or Race Black	Birth-place a. a. co				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband			none		
Father's Name	Jas Hunt			Father's Birthplace	Unknown	
Mother's Maiden Name	Margaret Hunt			Mother's Birthplace	a. a. co	
Name of person giving information	Henry Wilson			How related to deceased	Bro in law	

CAUSES OF DEATH

Primary

Burglary ~~Disorder~~
six hours

How long

3 yrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J Murphy
J Murphy, M.D.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date
of death 190

Month

Day

Years

Months

Days

7 Oct

81

—

2

Sex

Male

Color or
Race

Black

Birth-
place

Fairfield, Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widow

Name of Wife or
Husband

Father's
Name

Wesley Jennings

Father's
Birthplace

MD

Mother's
Maiden Name

Amanda Coleman

Mother's
Birthplace

VA

Name of person giving
Information

Wesley Jennings

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

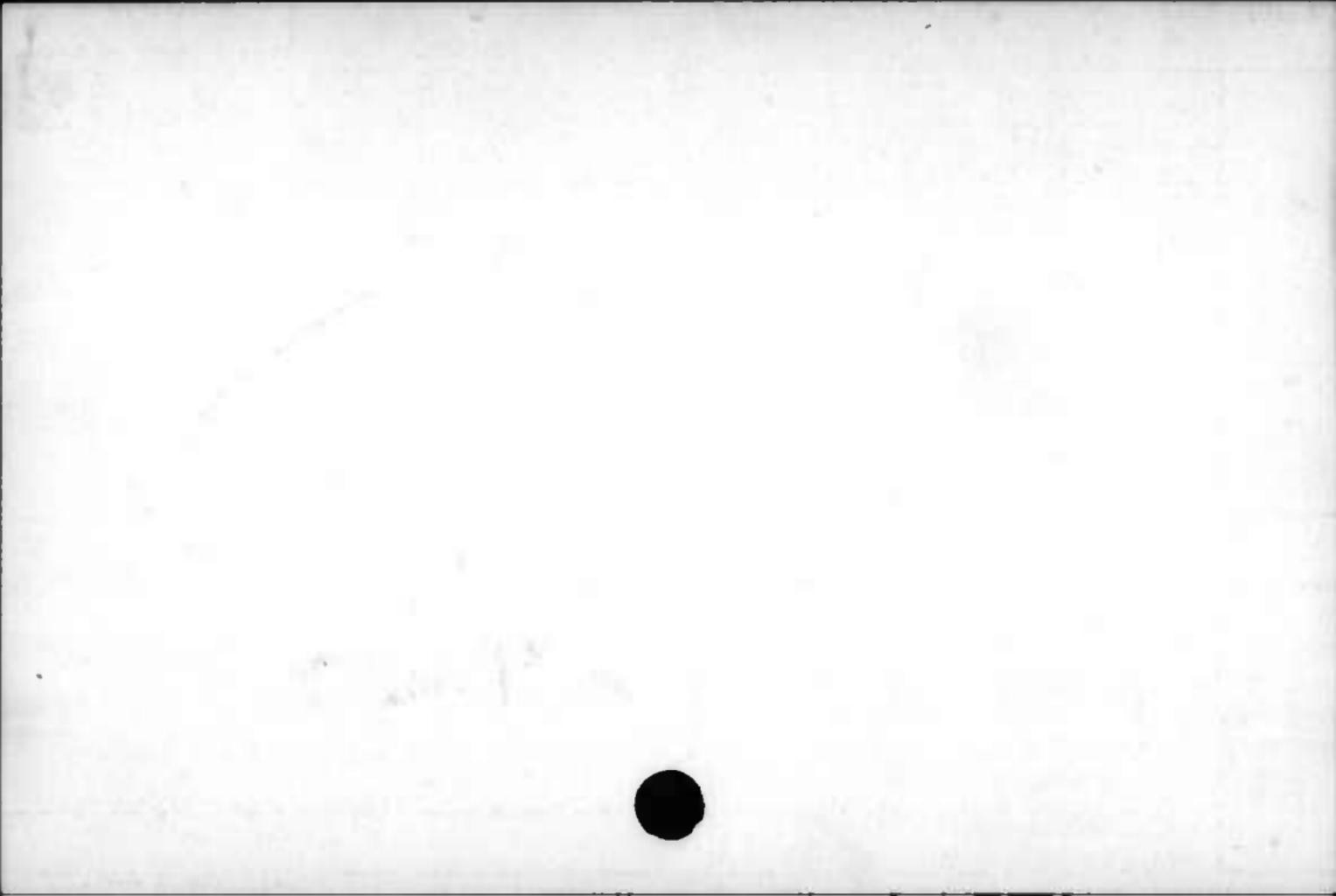
Address

Thos. B. Horton M.D.
So. Batt. Md.

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

Stedrick Jones.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at <u>Annapolis</u>		County <u>A.A. Co.</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Feb.</u>	Day <u>10</u>	Age <u>30.</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Davidsonville</u>	<u>2nd</u>		
Occupation <u>Labor</u>	Where Residing if not at place of death <u>83 Washington St</u>					
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Jane Jones.</u>					
Father's Name <u>Lorenzo Jones.</u>			Father's Birthplace <u>Davidsonville</u>	<u>2nd</u>		
Mother's Maiden Name <u>Mary Murdock.</u>			Mother's Birthplace <u>" - "</u>	<u>2nd</u>		
Name of person giving information <u>Lorenzo Father Jones</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

**PHYSICIAN
OR CORONER**

Primary

Tuberculosis

How long

Months

Immediate

Tuberculosis Exhaustion

How long?

2.4.0

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

yes

Address

Accident or Suicide?

LIBRARY BUREAU A88810

Dennis Brown

Name
in
Full

Mary Willet Childs Lawrence

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

I
PHYSICIAN
OR CORONER

Died at Harry M. B. Hopkins Crownsville Anne Arundel		County		MARYLAND	
Date of death 1907	Month Feb	Day 16	Years Age 81. Nov 7. 1906	Months 3	Days 16
Sex Female	Color or Race White	Birth-place Montgomery Co. Md.			
Occupation	Where Residing if not at place of death H. M. B. Hopkins Childsdale				
Married, Single or Widowed Widow of	Name of Wife or Husband Doctor Upton Lawrence				
Father's Name Captain Enos Childs	Father's Birthplace Montgomery Co. Md.				
Mother's Maiden Name Eleanor V. Goss.	Mother's Birthplace Newark N. J.				
Name of person giving information Eleanor V. L. Hopkins	How related to deceased Daughter				

CAUSES OF DEATH

Primary

Tuberculosis

How long

40 w. years

Immediate

Thrombosis - Heart failure

How long

3 wks

Are the name, age, sex, color, date and place correctly given above?

yes.

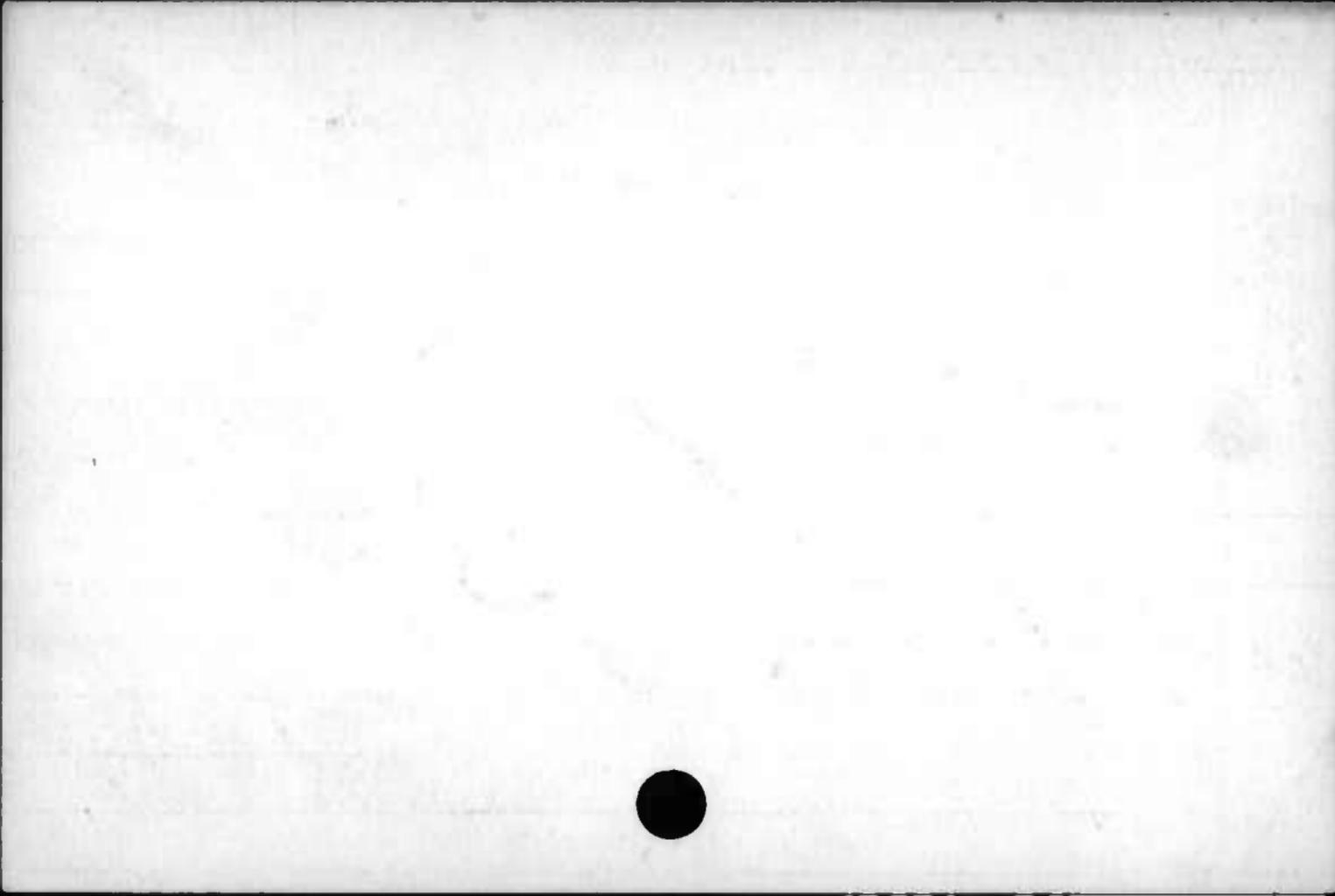
Signature of Physician

A. B. Bryant

Address

Mulberry St
Newark N. J.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Matthews

CERTIFICATE OF DEATH

Died at Annapolis Town Annapolis County St. Mary's
Date of death 1907 Month Feb Day 1st Years —
Age — Months — Days —
Sex Male Color or Race Colored Birth-place —

Occupation — Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Arthur Matthews

Father's
Birthplace

Act. 60.

Mother's
Maiden Name

Eva Parker

Mother's
Birthplace

Act. 60.

Name of person giving
Information

Arthur Matthews

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still-born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

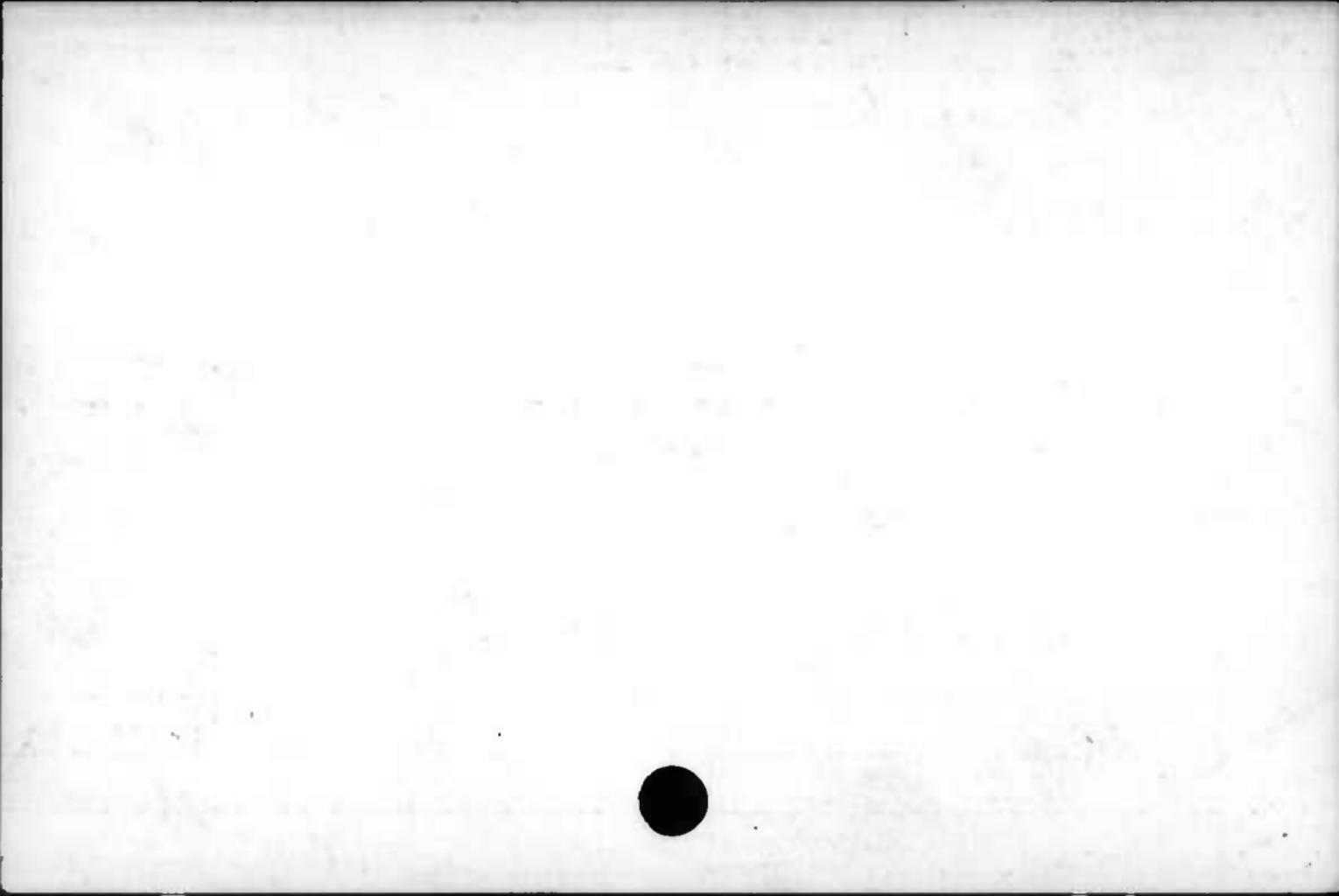
yes

Address

John Ridout M.D.
Annapolis
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Michael Joseph Naughton

CERTIFICATE OF DEATH

Died at	Ann Arbor	Town	County	MARYLAND		
Date of death	1907	Month	Day 20 th	Years	Months	
Sex	Male	Color or Race	Wednesday	Age 77	Days	
Occupation	Ass't. Freeman at U. S. Academy					Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Mary A. Naughton			
Father's Name	Richard Naughton					Father's Birthplace
Mother's Maiden Name	Margaret O'Brian					Mother's Birthplace
Name of person giving information	Mary A. Naughton					How related to deceased

CAUSES OF DEATH

Primary	Valvular Disease	How long	2 yrs.
of Heart		How long	
Immediate	General break-up, & asthma	2 weeks	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

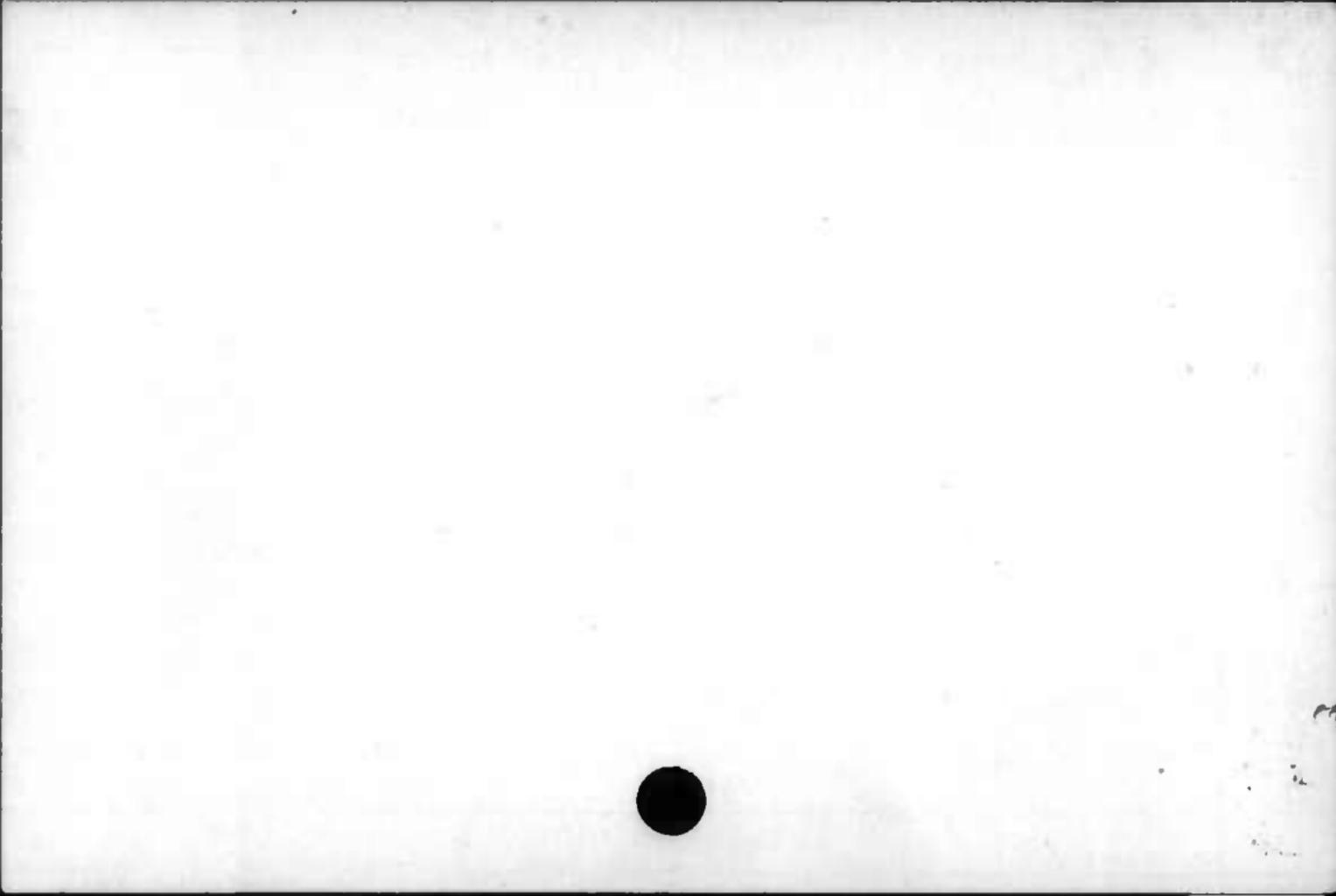
Yes

Signature of Physician

Address

Henry Miller
Ann Arbor, Mich.

I
Am not of Suicide



Name
in
Full

None

Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month Feb	Day 21 st	Years —	Months —	Days 9
Sex	Male		Color or Race	Crol		Birth-place Annapolis
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Andrew Parker					
Mother's Maiden Name	Carry Parker					
Name of person giving information	Andrew Parker					

CAUSES OF DEATH

Primary

congenital Sone's
by hamstion

How long

Since Birth

Immediate

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

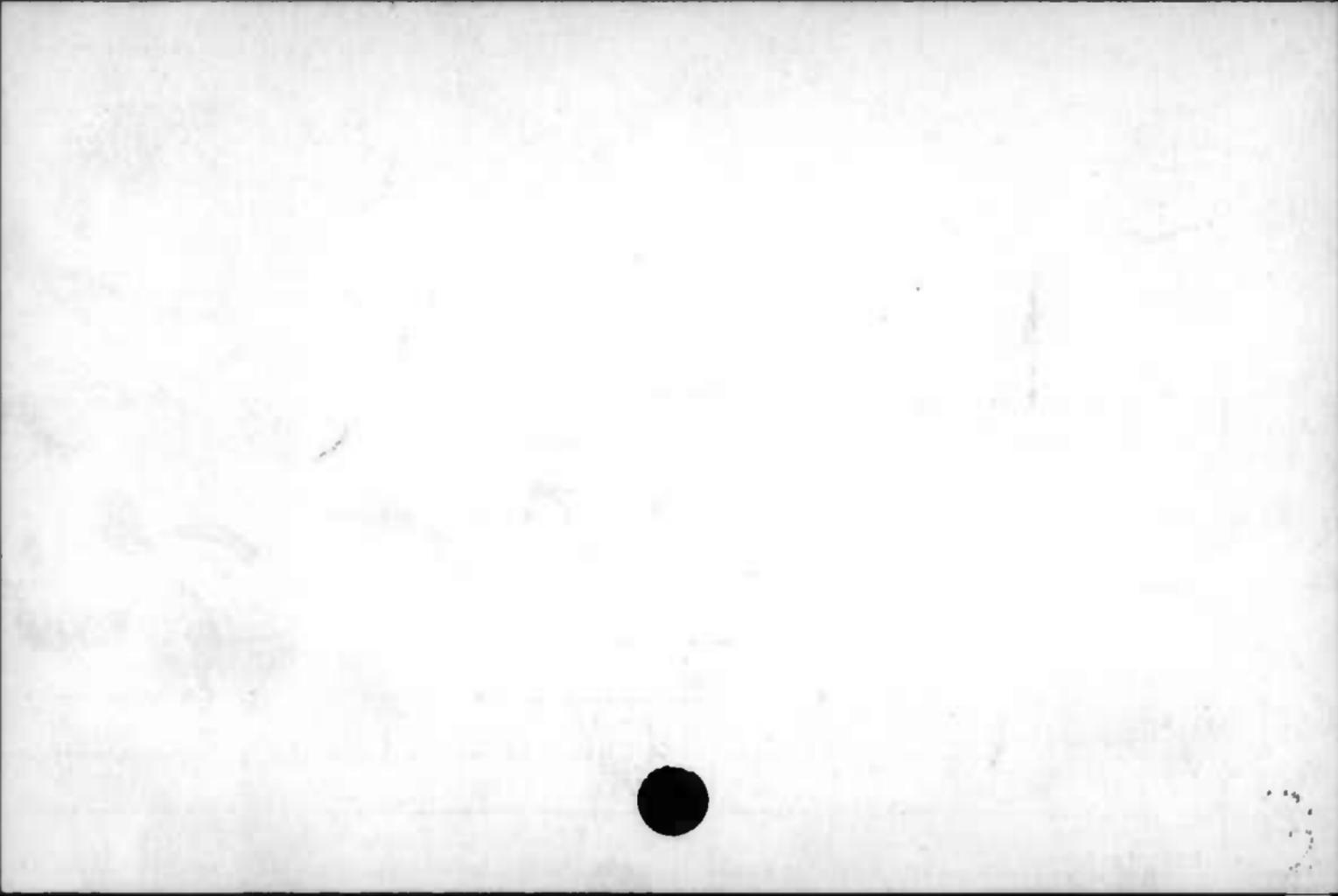
John Redon M.D.

Annapolis
Md

PHYSICIAN
COURONER



Accident or Suicide?



Name
in
Full

Nancy White Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	own	County	MARYLAND			
Date of death	1907	Month Feb	Day 12	Years 82	Months —	Days —
Sex	Female	Color or Race	white	Birth-place	Essex Co. Del.	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband				
Father's Name	Steven Gordie	Father's Birthplace				
Mother's Maiden Name	Jane Ruggens	Mother's Birthplace				
Name of person giving information	Grace Parks	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

90

How long

12 days

Immediate

Bronchitis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

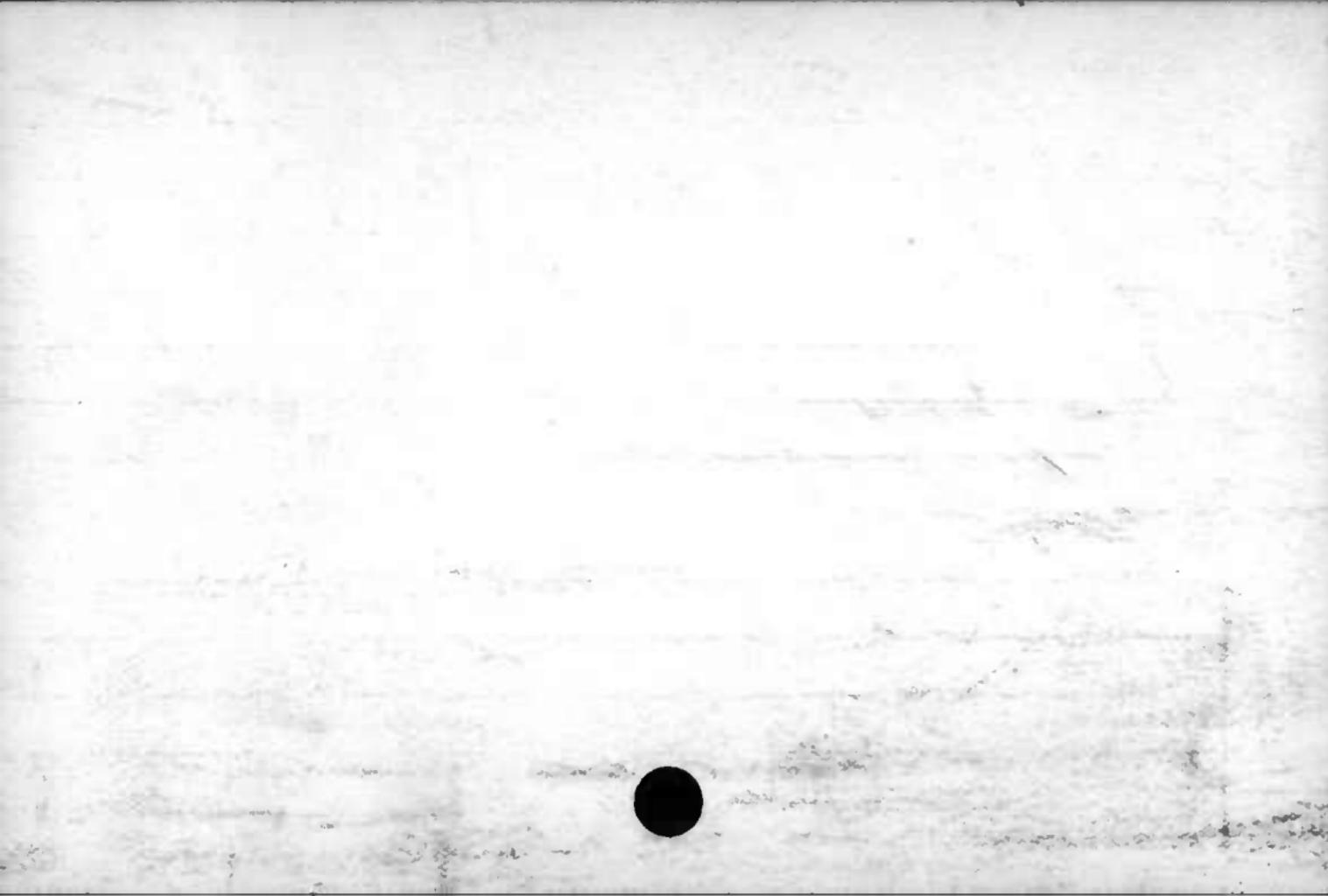
Signature of Physician

Address

Geo. F. Drury,
Churchton, Md.

1

Accident or Suicide?



Name
in
Full

Charles A. Pindell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
Annapolis		Anne Arundel		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	Feby	10 th	66	—	28	
Sex	male	Color or Race	White	Birth-place	Zenia, Ohio	
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	Name of Wife or Husband					—
Single						
Father's Name	Adolphus Pindell					Father's Birthplace
Mother's Maiden Name	Rebecca Githens					Mother's Birthplace
Name of person giving Information	Harry S. Lively					How related to deceased
Brother in law						

CAUSES OF DEATH

Primary

Chronic Cystitis

23

How long

3 months

Immediate

Niacinic Coma

23

How long

4 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

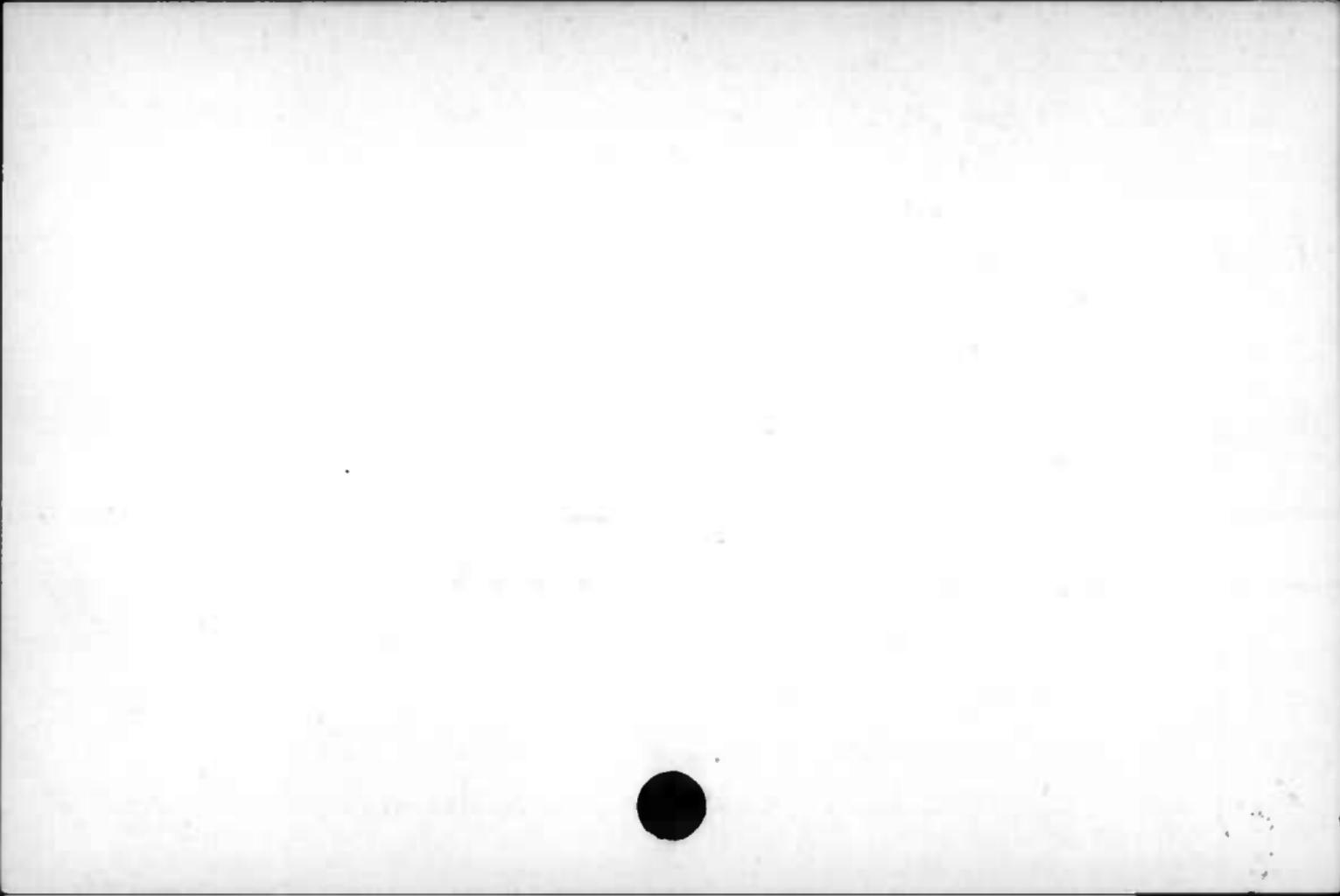
Wm. Welsh

Address

Annapolis

1

Accident or Suicide?



Sarah Gibburg				CERTIFICATE OF DEATH			
Died at Annapolis in S. A.		County		MARYLAND			
Date of death	1907 Feb.	Month	Day	Age	72	Years	Months Days
Sex	Female	Color or Race	White	Birth-Place	Harpers Island		
Occupation	Where Residing if not at place of death			Annapolis Md			
Married, Single or Widowed	Rider	Name of Wife or Husband	Francis Kailing			Father's Birthplace	
Father's Name	Francis Kailing			Mother's Birthplace			
Mother's Maiden Name				How related to deceased			Son
Name of person giving Information	D. M. Barnes						

CAUSES OF DEATH

Primary

Old age

91

How long

2 weeks

Immediate

Bronchitis

Are the name, age, sex, color, date and place correctly given above?

Presumably

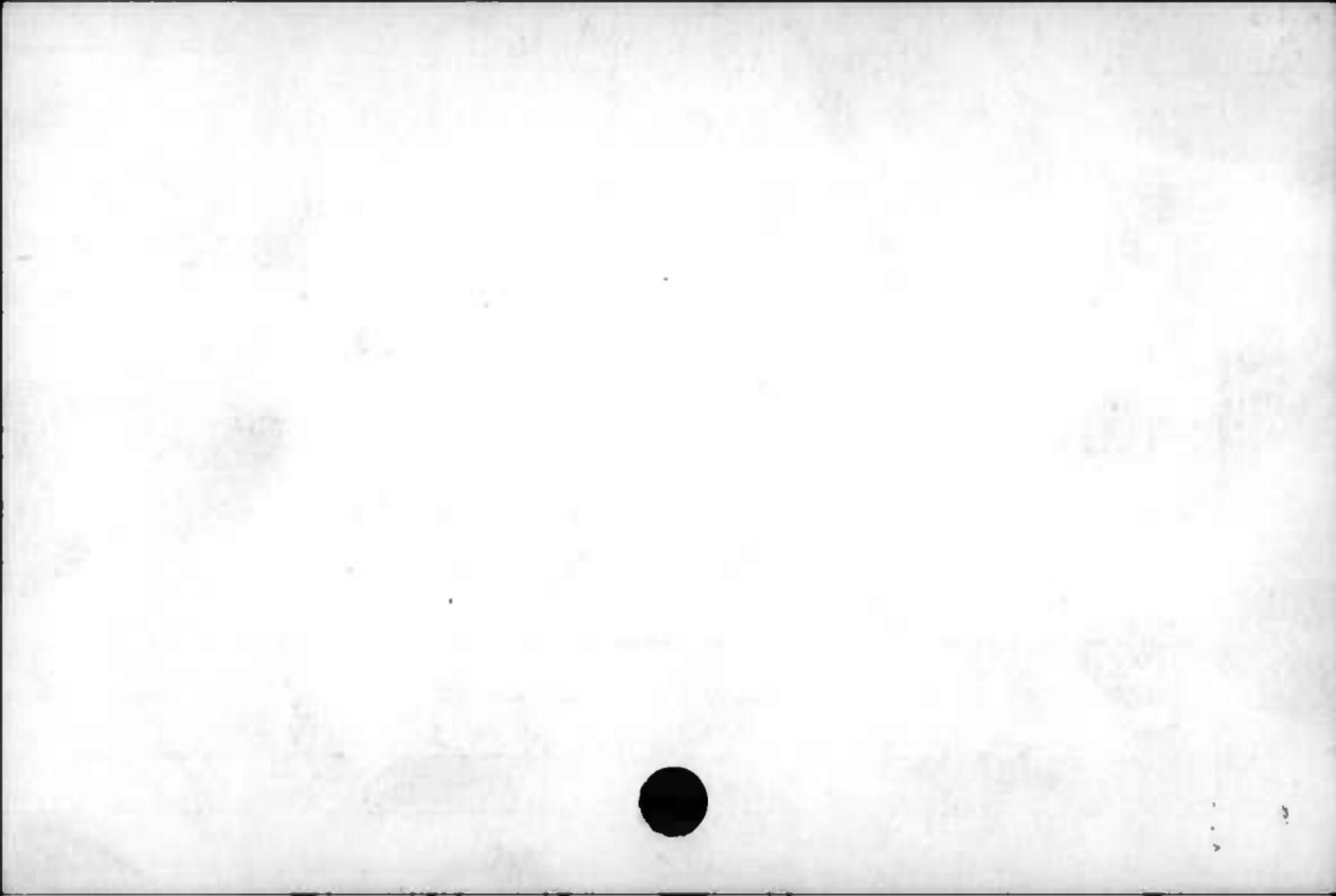
Signature of Physician

Address

Wm. Welch
Annapolis

1

Accident or Suicide?



Name
in
Full

Samuel Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	at at				
Date of death	1907	Month	Day	Years	Age	Months	Days
Sex	Male	Color or Race	colored		Birth-place	Annapolis	
Occupation	Enand Boy		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				Father's Birthplace	Annapolis	
Father's Name	John. W. Richardson				Mother's Birthplace	Annapolis	
Mother's Maiden Name	Barrett Mc Gowan				How related deceased	Annapolis	
Name of person giving Information	Uncle		Dad				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion at short time

Immediate

Heart Failure

How long

How long

sudden death

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

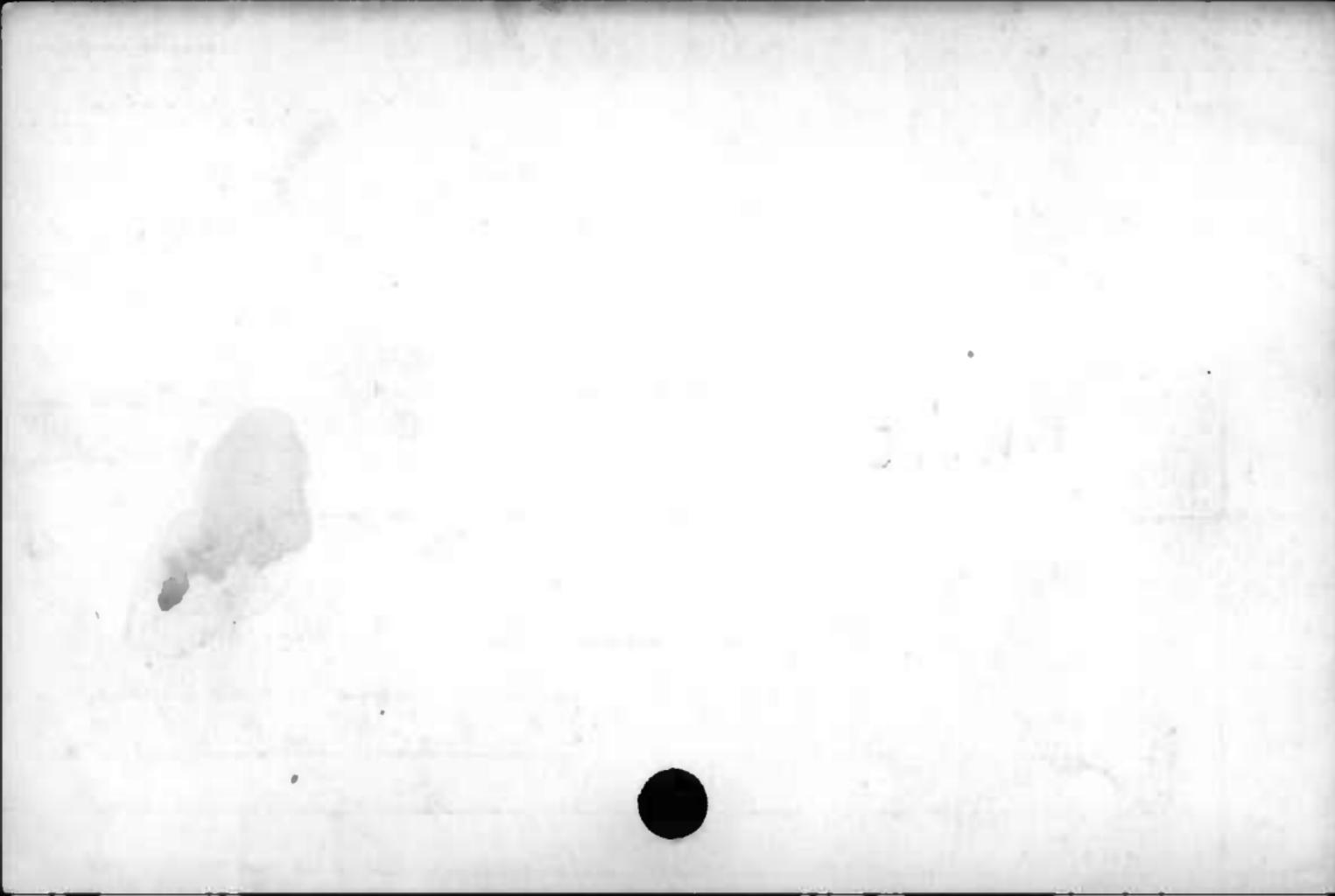
Address

John Ridout M.D.

yes



Accident or Suicide?



Name
in
Full

Sarah E. Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age					
Occupation	Where Residing if not at place of death						
<input checked="" type="checkbox"/> Widowed	Name of Wife or Husband						
Father's Name	Benj Woods					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information	Mongo Johnson					How related to deceased	Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: General Debility

Immediate: Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

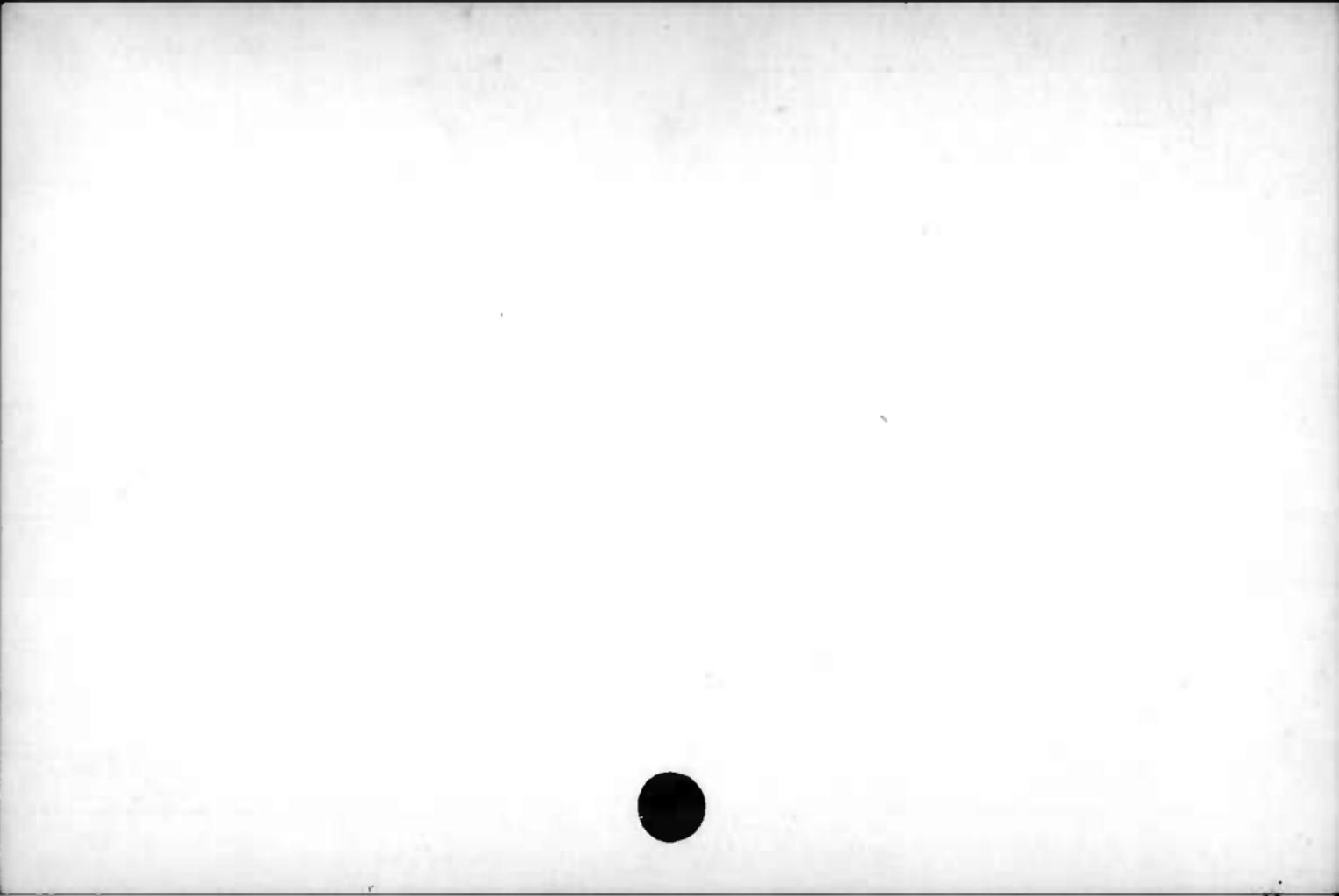
Signature of Physician

Address

Dr. B. B. Horton MD
Curtis Bay, Md
So. Balto,

I

Accident or Suicide



Geo L Root -

Died at <u>Annapolis</u>		Town <u>Annapolis</u>		County <u>Annapolis</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>2</u>	Age <u>18</u>	Years <u>18</u>	Months <u>3</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore, Md.</u>					
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>W-Annapolis, Md.</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Geo Root</u>	Father's Birthplace <u>Baltimore</u>						
Mother's Maiden Name <u>Elmira A. Stansbury</u>	Mother's Birthplace <u>A.A. Co.</u>						
Name of person giving Information <u>Geo L. Root</u>	How related to deceased <u>Brother</u>						

CAUSES OF DEATH

Primary Cobal Pneumonia (double) 93
 How long 2 weeks

Immediate Cardiac Asthemia, 12 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

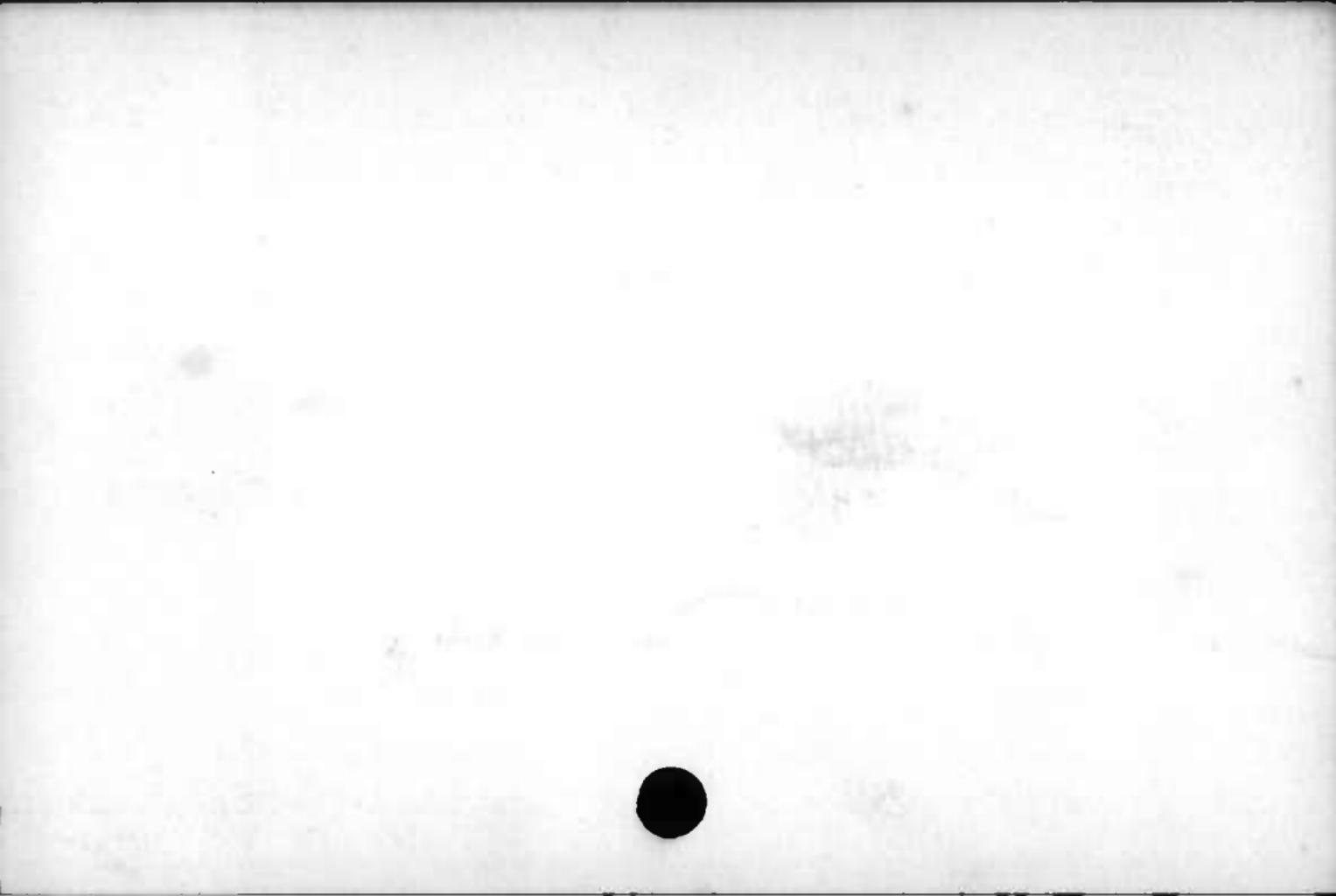
Address

Louis B. Heutel
Annapolis, Md.

1

Accident or Suicide?

neither



George Savage				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1907	Month	15	Day	Years	Months
Age	58	Color or Race	white	Birth-place	Days	
Occupation	Waterman			Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband				
Father's Name	Geo Savage			Father's Birthplace	P.a	
Mother's Maiden Name	—			Mother's Birthplace		
Name of person giving information	John Savage			How related to deceased	Son	

CAUSES OF DEATH

Primary

Heart Disease

How long

19

Immediate

Dropsy

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

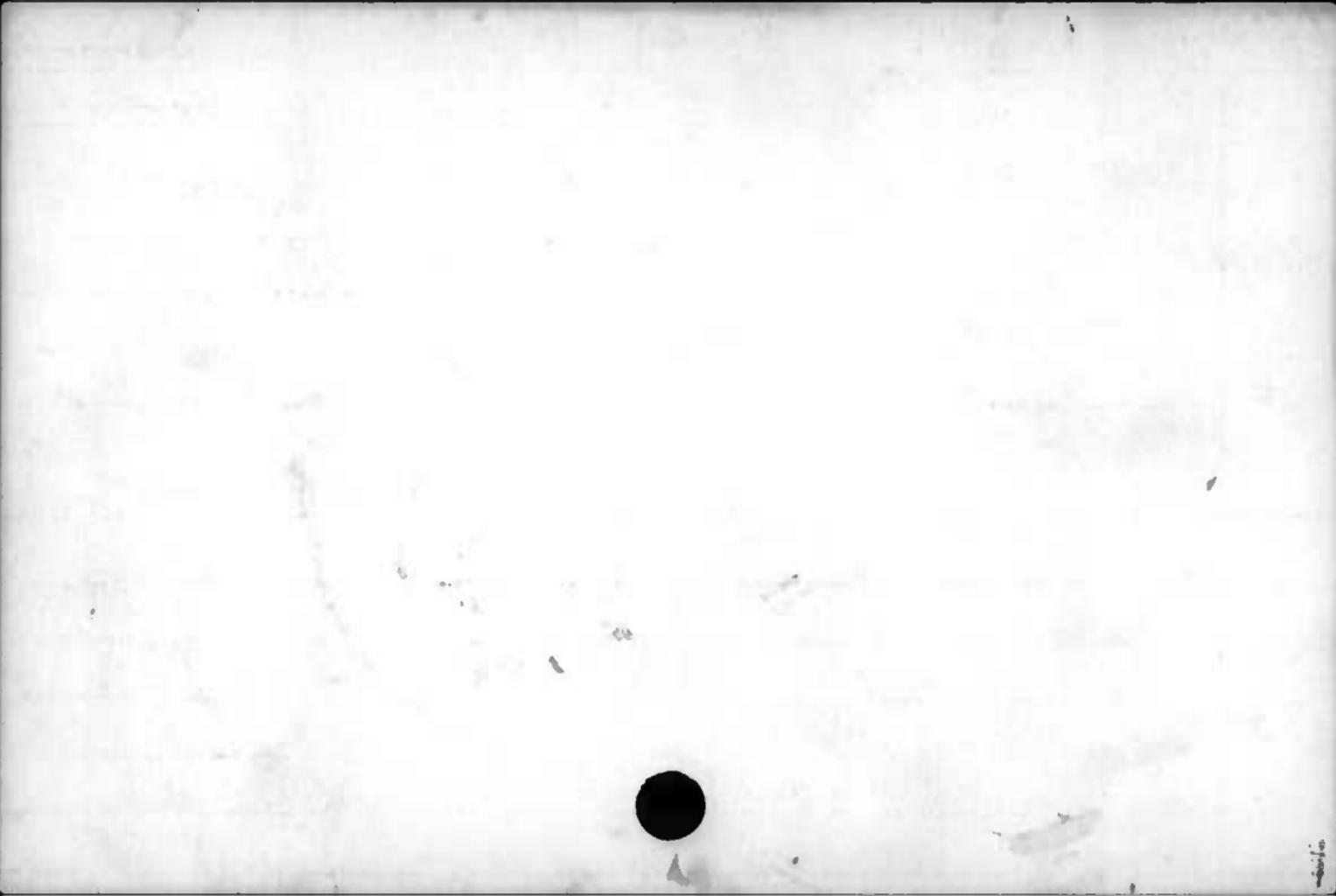
Signature of Physician

Address

John Collinson M.D.
South River Md.

I

Accident or Suicide?



Name
in
Full

Rebecca Shiner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

Age

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Tuberculosis

How long

(2)

Death

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

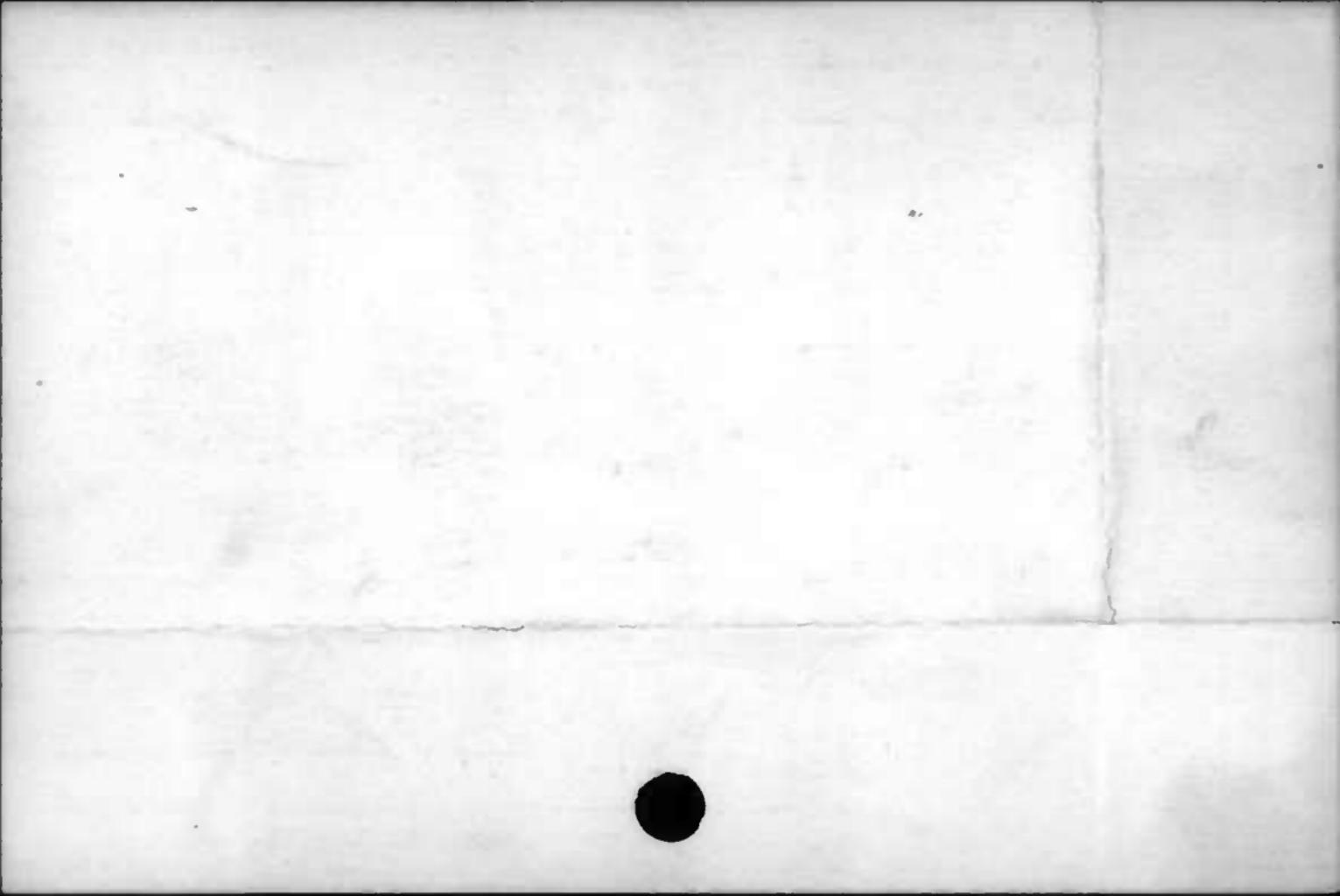
W. Tracy Dan

Address

W. Tracy Dan
Helen Brown



Accident or Suicide?



Name
in
Full

Isiah Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town		County		MARYLAND	
Date of death 1907		Mont 7	Day 8	Years 33	Age	Months	Days
Sex	Male	Color or Race	Colored	Birth-place		A.A. Co.	
Occupation	Farm hand -			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Harriett Steward				
Father's Name	Charles Steward			Father's Birthplace A.A. Co.			
Mother's Maiden Name	adeline Hall			Mother's Birthplace A.A. Co.			
Name of person giving information	Peterd Richards			How related to deceased Brother-in-Law			
CAUSES OF DEATH							

Primary Pulmonary Tuberculosis (2) How long about 2 years

Immediate Exhaustion How long immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

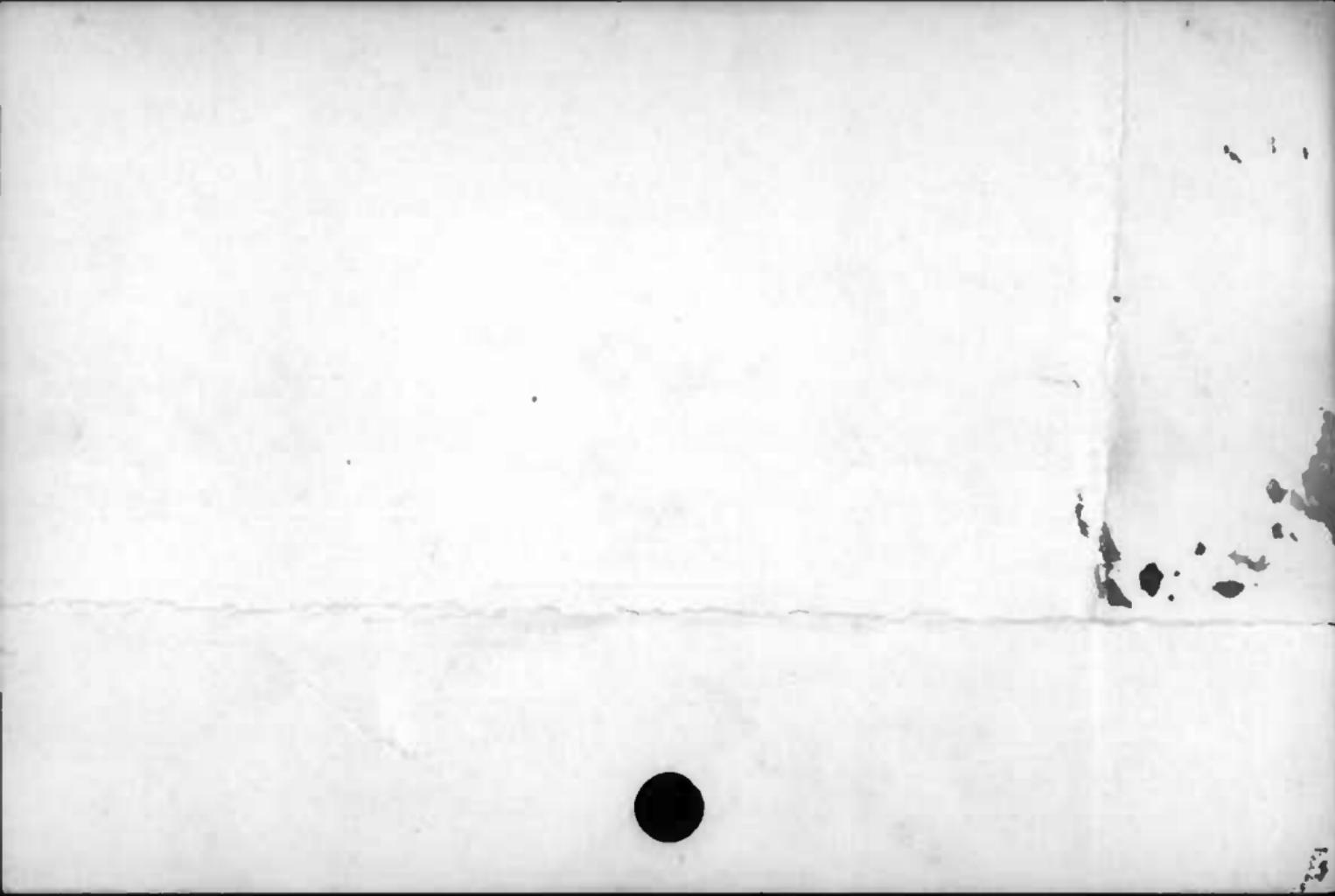
James S. Billingslea, M.D.

Armiger

Md.

Accident or Suicide?

No



Name
in
Full

Sarah Ann Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glenburnie</u>		Town	County	MARYLAND	
Date of death	1907	Month Feb	Day 13	Years 84	Months
Sex	Female	Color or Race	White	Birth-place <u>Anne Arundel Co</u>	
Occupation	<u>House keeper</u>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <u>Joshua C. Stewart</u>		Father's Name <u>Dorsey Stewart</u>	Father's Birthplace <u>Anne Arundel Co</u>	
Mother's Maiden Name	<u>Mary Pumphrey</u>		Mother's Name <u>Mary Pumphrey</u>	Mother's Birthplace <u>Anne Arundel Co</u>	
Name of person giving Information	<u>Ebey Stewart</u>		How related to deceased	Son	

CAUSES OF DEATH

(154)

PHYSICIAN
OR CORONER

Primary

Old age & debility

How long

One year

Immediate

Exhaustion

How long

One week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

C. R. Womerson

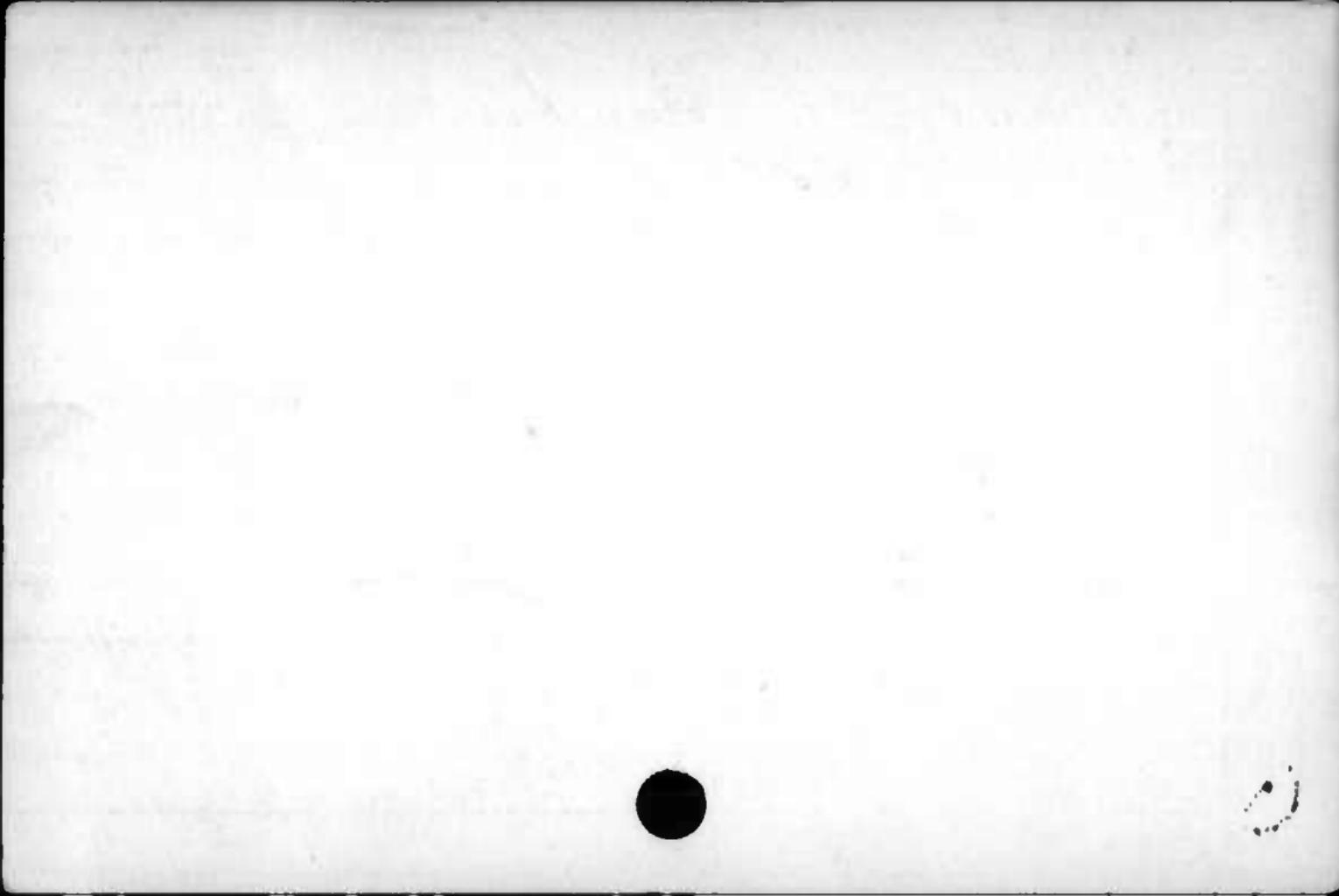
Address

Hanover

Co

Accident or Suicide?





Name
in
Full

Mirrie Mayes Wegley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Mont.	Day	Years	Months Days
Sex	Color or Race	Age	Where Residing if not at place of death	
Occupation				
Married, Single or Widowed	Name of Wife or Husband	William Wegley		
Father's Name	As S. Mayes.	Father's Birthplace	Penns	
Mother's Maiden Name	Amelia S. Reay.	Mother's Birthplace	Penns	
Name of person giving information	As S. Mayes.	How related to deceased	Father.	

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary

Dragon's ring
star side

158

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature
Physician

Address

J J Murphy
Annapolis, Md



Accident or Suicide?

